

SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000

PROPOSITION 36

Annual Report 2004-2005

Alcohol and Drug Program Administration

**County of Los Angeles
Department of Health Services
Public Health**

April 2006

Substance Abuse And Crime Prevention Act of 2000

Proposition 36

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EXECUTIVE SUMMARY

The Substance Abuse and Crime Prevention Act of 2000, also known as Proposition 36, amended existing drug sentencing laws to require criminal defendants who are convicted of a non-violent drug offense to be placed in drug treatment as a condition of probation, instead of incarceration. Drug treatment was also required for State parolees convicted of a non-violent drug related violation of parole. To cover local costs for treatment programs and other necessary services, Proposition 36 appropriated statewide funding of \$120 million per year through Fiscal Year (FY) 2005-06, with an initial FY 2000-01 appropriation of \$60 million for planning and implementation. Los Angeles County received approximately \$30 million for FY 2004-05 and anticipates similar funding for FY 2005-06. Statewide implementation of Proposition 36 began on July 1, 2001.

Los Angeles County used a coordinated, collaborative approach in implementing Proposition 36 involving the Superior Court, District Attorney's Office, Public Defender's Office, Probation Department, Department of Health Services Alcohol and Drug Program Administration (ADPA), California Department of Corrections and Rehabilitation, and community-based treatment providers. The Board of Supervisors designated the Countywide Criminal Justice Coordination Committee Proposition 36 Implementation Task Force as the advisory group responsible for the development of policies and procedures for the implementation of Proposition 36. The ADPA was designated as the lead agency for Los Angeles County's Proposition 36 program.

For FY 2004-05, a total of 9,026 new defendants were either convicted and sentenced by the Court or ordered by Parole to participate in Proposition 36. Of these defendants, the Community Assessment Services Centers (CASCs) provided assessment and treatment referral services to 7,687 participants. However, it should be noted that the CASCs actually had 25,869 contacts with Proposition 36 participants during this period because many participants returned to the CASCs approximately 2-3 times during their treatment. Of those new participants assessed by CASCs, 6,334 participants reported to a community-based treatment provider as instructed. Including those participants already in treatment at the start of the fiscal year, 16,427 participants received treatment during this time that represented a 9.4 percent increase from the previous year. At any given time, approximately 5,000 participants are receiving treatment services in Los Angeles County.

The proportion of Proposition 36 male to female participants (78 percent to 22 percent) was reflective of the overall criminal justice population. At 42 percent, Hispanics/Latinos remained the largest participant group. Methamphetamine remained the leading primary drug of choice. The geographical breakdown for participants from each Service Planning Area (SPA) changed slightly from last fiscal year. In addition to providing quality services to the largest group of Proposition 36 participants in the State of California, Los Angeles County continued its efforts by:

- Making funding adjustments to existing programs according to utilization trends
- Continuing Regional Coordinating Council meetings to enhance community involvement and ongoing communication and collaboration with the Proposition 36 stakeholders

- Maintaining the Proposition 36 Helpline to assist all involved Proposition 36 agencies and participants
- Participating in Community Assessment Services Center Directors Meetings
- Educating the public on Proposition 36 and its implementation/operations
- Maintaining the ADPA Proposition 36 Website
- Enhancing the Treatment Courts and Probation eXchange (TCPX) system for data collection and program evaluation

The goals for the coming year were to continuously provide the highest quality of services to Proposition 36 participants, to enhance participant reporting from Court to assessment to treatment, and to work on ensuring long-term funding for services after FY 2005-06.

CHAPTER ONE

SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 – PROPOSITION 36

I. AN OVERVIEW

On November 7, 2000, California voters passed the Substance Abuse and Crime Prevention Act of 2000, also known as Proposition 36. The purpose was to enhance public safety by reducing drug-related crime and preserving jail and prison space for violent offenders. Proposition 36 amended existing drug sentencing laws to require that adult criminal defendants who were convicted of possession, use, transportation for personal use, or being under the influence of a controlled substance be placed in drug treatment as a condition of probation, instead of incarceration. Proposition 36 also applied to State parolees convicted of non-violent drug offenses or drug-related parole violations. Eligible offenders received up to one year of drug treatment followed by six months of continuing care services. Vocational training, family counseling, literacy training, health, mental health, and other services were also provided. Proposition 36 allowed for the dismissal of charges upon successful completion of treatment.

Proposition 36 became effective on July 1, 2001 and made significant changes in the way many drug offenders were handled by both the criminal justice and treatment delivery systems. Court-supervised treatment, probation and/or parole were required for offenders as a means to break the cycle of drugs and crime, while still promoting public safety. Most non-violent offenders or parolees, who were convicted or found in violation of possession or under-the-influence offenses, were eligible to receive treatment in the community in lieu of incarceration. This represented a significant shift in the handling of this population and provided an opportunity for both the treatment delivery system and the criminal justice system to move toward a more holistic approach of handling substance abuse offenders. Proposition 36 specifically required that all participating treatment programs be licensed or certified by the California Department of Alcohol and Drug Programs (ADP).

II. STATEWIDE PROPOSITION 36 FUNDING

The proposition appropriated statewide funding of \$120 million per year through Fiscal Year (FY) 2005-06 to cover the costs for treatment programs and other necessary services. An initial allocation of \$60 million was provided for FY 2000-01 for planning and implementation. Appropriated funding for Proposition 36 ends on June 30, 2006. However, the changes made by Proposition 36 to the drug sentencing laws are permanent.

Proposition 36 funds, by statute, cannot be used for the purpose of drug testing. The passage of Senate Bill (SB) 223¹ in 2001 provided \$8.4 million specifically for drug testing of Proposition 36 participants with the requirement that testing shall be used as a treatment tool.

1 Senate Bill 223 (Chapter 721, Statutes of 2001)

CHAPTER TWO

PROPOSITION 36 IMPLEMENTATION IN LOS ANGELES COUNTY

I. OVERALL PLAN

Los Angeles County has been committed to the effective and efficient implementation of the Substance Abuse and Crime Prevention Act of 2000 (commonly known as Proposition 36) since its overwhelming approval by more than 60 percent of California voters in November 2000. From the initial planning phase, all stakeholders have worked vigorously and collaboratively to advocate and maintain accountability, flexibility, quality treatment, appropriate supervision, and public safety.

On November 15, 2000, the Los Angeles County Board of Supervisors established the Countywide Criminal Justice Coordination Committee (CCJCC) Proposition 36 Implementation Task Force to develop the planning process for a comprehensive system of care for drug offenders sentenced under the new law. The Task Force was comprised of approximately 60 members representing County and City criminal justice agencies, judicial officers, the Chief Administrative Office, various County Departments including Health Services, Mental Health, Probation, Public Social Services, Sheriff, and various drug treatment provider associations (*Attachment I*).

On February 20, 2001, the Board of Supervisors of the County of Los Angeles resolved the following:

- Designated the County of Los Angeles Department of Health Services Alcohol and Drug Program Administration (ADPA) as the lead agency for Los Angeles County's Substance Abuse and Crime Prevention Act of 2000 responsibilities;
- Designated the Countywide Criminal Justice Coordination Committee Proposition 36 Implementation Task Force as the advisory group responsible for the development of policy and procedures for the coordinated implementation of the Act among all involved County departments and the Court;
- Assured that the County of Los Angeles shall comply with the provisions of the Act and the California Code of Regulations, Title 9, Division 4, Chapter 2.5; and
- Assured that the County of Los Angeles has established a Proposition 36 trust fund and shall deposit all funds received into that trust fund.

II. COUNTYWIDE FUNDING

With a County implementation plan approved annually by the California Department of Alcohol and Drug Programs (ADP), Los Angeles County received:

- Fiscal Year (FY) 2000-01 - \$15.7 million for initial planning and implementation;
- FY 2001-02 - \$31.2 million for Proposition 36 services and \$2.2 million for drug testing;
- FY 2002-03 - \$30.3 million for Proposition 36 services and \$2.3 million for drug testing;
- FY 2003-04 - \$30.6 million for Proposition 36 services and \$2.3 million for drug testing; and
- FY 2004-05 - \$30.0 million for Proposition 36 services and \$2.3 million for drug testing.

The County expects to receive a similar funding amount for the next fiscal year. The Proposition 36 funds were specifically earmarked to meet the statutory requirements for community-based drug treatment, probation supervision, court monitoring, and other related services. Appropriated funding for Proposition 36 ends on June 30, 2006.

III. PROGRAM IMPLEMENTATION

A. Oversight

The implementation of Proposition 36 required a coordinated and collaborative strategy between the Court, Probation, ADPA, other County agencies, the California Department of Corrections and Rehabilitation, community-based treatment providers, and other key stakeholders. The Los Angeles County Board of Supervisors designated the Countywide Criminal Justice Coordination Committee (CCJCC) Proposition 36 Implementation Task Force as the official advisory group for the coordinated implementation of the program.

A smaller working group, the Proposition 36 Executive Steering Committee, was established by the Task Force to guide the implementation and ongoing operation of Proposition 36 in Los Angeles County. The Steering Committee met on an ad-hoc basis and included representatives from the Court, District Attorney's Office, Probation Department, Public Defender's Office, Sheriff's Department, CCJCC, California Department of Corrections and Rehabilitation, ADPA, and representatives of the treatment provider network (*Attachment II*).

B. Operations

The successful implementation and ongoing operation of Proposition 36 in Los Angeles County was made possible because of the coordinated collaboration and constant communication among the Court, ADPA, District Attorney's Office, Probation Department, Public Defender's Office, California Department of Corrections and Rehabilitation, Community Assessment Services Centers, and community-based treatment providers.

i. Court Processing

After entering of a guilty plea or a finding of guilt at trial, willing defendants were ordered to designated Proposition 36 Monitoring Courts (*Attachment III*) responsible for sentencing, monitoring treatment progress, and, when necessary, conducting violation hearings to determine whether probation shall be revoked.

Once eligibility was determined, offenders were placed on formal probation and ordered to participate in Proposition 36 treatment services. Many of the Proposition 36 Monitoring Court bench officers were also experienced Drug Court judges. These bench officers had a keen understanding of different levels of treatment, the need to intensify treatment services, the use of drug testing as a therapeutic tool, and the provision of incentives to facilitate recovery. Active and consistent court supervision is essential to the success of the drug treatment services required by Proposition 36.

While Proposition 36 allowed the Court to sanction participants who were not amenable to treatment, it also provided an important incentive to those who successfully completed the treatment program. If there were no violations of probation, all fees and fines were paid, and the Court found reasonable cause to believe that a participant would not abuse controlled substances in the future, the Court was authorized to dismiss the case.

ii. Probation Processing

After the responsible Deputy District Attorney and the defense counsel screened a defendant, the Pretrial Services Division of the Probation Department assessed the defendant's eligibility for Proposition 36. The Probation Department conducted a criminal history review to determine whether a defendant must be excluded from participation in Proposition 36 due to prior criminal convictions or concurrent charges.

Following conviction of eligible charges and the offender's willingness to participate in Proposition 36, the Court ordered the offender to report to one of the Community Assessment Services Centers (CASCs) for

assessment and referral for treatment. Deputy Probation Officers (DPOs), who were co-located at the CASCs, provided participants with an orientation as to the terms and conditions of probation, and coordinated the initial provision of treatment and supervision services. Once a participant was interviewed by both treatment and probation staff at the CASC, he/she was immediately placed into a community-based treatment program. The participant was then ordered to return to Court within 30 days for monitoring for compliance with all Court-ordered conditions of probation and a review of the initial treatment plan.

Next, Probation supervision was transferred from the CASC DPO to a local area office DPO within 60 days. The supervising DPOs obtained information from the treatment providers on the participants' treatment progress, including drug-testing results, attendance at required counseling sessions and meetings, and other necessary information. The DPOs were also responsible for administering quarterly, random and observed drug tests. Progress reports were submitted separately by Probation to the Court on a quarterly basis, or as ordered by the Court according to risk assessment and ongoing compliance/non-compliance with set orders. All violations are reported to the Court by Probation within 72 hours. Based upon the charges, the average length of probation supervision was approximately 36 months, unless the participant's progress in treatment merited early termination and dismissal of his/her case.

iii. Parole Processing

During the first year of implementation, the Board of Prison Terms (BPT) was responsible for processing all Proposition 36 eligible parolees for assessment and progress monitoring. Since October 1, 2002, the California Department of Corrections and Rehabilitation/Parole and Community Services Division (Parole) assumed the supervision and monitoring responsibilities from the BPT. Parole remained in charge of identifying and screening eligible parolees for Proposition 36 treatment programs, making referrals to CASCs, and supervising parolees' treatment progress and compliance while in the community.

Local Parole Agents directed eligible parolees to one of the CASCs for assessment and referral for treatment. The parolees were required to bring two documents (Activity Report and Proposition 36 Waiver Form) when reporting to the assigned CASC.

The treatment providers were required to submit a treatment plan within 30 days, progress reports on a quarterly basis, and results of positive drug tests within 24 hours of receipt to the local Parole Agent and the Division of Adult Parole Operations (in Sacramento).

Some parolees were also under Probation supervision for committing a new Proposition 36 eligible, non-violent drug offense. These participants were subject to the dual supervision of Parole and Probation regulations. The treatment providers were required to submit a treatment plan to the Court, Parole Agent, and DPO within 30 days and monthly progress reports (or as ordered by the Court). Finally, the treatment providers were required to notify the DPO, Parole Agent, and the Court of a positive drug test within 24 hours of receipt.

iv. Treatment Delivery

Assessment and Referrals

Proposition 36 regulations mandated that an array of comprehensive treatment services be available to all Proposition 36 participants. ADPA provided treatment services through a network of treatment and recovery agencies since the inception of Proposition 36.

The first step of treatment involved the ordering of the offender by the Court or Parole Agent to one of 11 Proposition 36 CASCs (*Attachment IV*) for an assessment of addiction severity and treatment needs. These CASCs are located in the neighboring areas of those courts with the highest number of drug-related cases.

<u>Service Planning Area (SPA)²</u>	<u>CASC</u>	<u>Location</u>
SPA 1 (Antelope Valley)	Tarzana Treatment Center	Lancaster
SPA 2 (San Fernando Valley)	Tarzana Treatment Center	Tarzana
SPA 3 (San Gabriel Valley)	Prototypes	El Monte
SPA 3 (San Gabriel Valley)	Prototypes	Pasadena
SPA 3 (San Gabriel Valley)	Prototypes	Pomona
SPA 4 (Metro)	Homeless Health Center	Los Angeles
SPA 5 (West)	Didi Hirsch	Culver City
SPA 6 (South)	Integrated Care System	Los Angeles
SPA 7 (Southeast)	California Hispanic Commission	Pico Rivera
SPA 8 (Harbor/Long Beach)	Behavioral Health Services	Gardena
SPA 8 (Harbor/Long Beach)	Behavioral Health Services	Long Beach

Professional counselors assessed each participant using the Addiction Severity Index (ASI), a nationally recognized tool used widely in the addiction treatment field, to determine the level of each person's substance abuse problems and other life situations. Following assessment, a referral was made to a Proposition 36 community-based treatment provider and an appointment to begin treatment was confirmed.

2 Established by the Children's Planning Council and approved by the Board of Supervisors in 1993, Service Planning Areas serve as the basic geographic structure for integrated planning, service coordination, data collection and information sharing.

Treatment Services

Proposition 36 specifically mandated up to one year of primary treatment services followed by six months of continuing care services (or aftercare services). Primary treatment services consisted of a three-level system increasing in duration and intensity, depending on the assessed severity of addiction, coupled with the criminal history risk assessment (*Attachment V*). Treatment services for those who have a low level of severity included outpatient services (including a combination of individual, family, and group counseling sessions), self-help group meetings, and supplemental treatment services (which included literacy training, vocational guidance, mental health services, health services, and transitional housing). Treatment services for those participants assessed at mid to high severity levels consisted of more intensive services such as day treatment, residential detoxification, residential treatment, and narcotic replacement therapy, as needed, in addition to the range of services provided to lower-level participants. Regardless of the treatment level, random and observed drug testing is conducted for all participants.

Continuing care services ordered by the Court followed the successful completion of the more intensive primary treatment services for participants of all levels. These services included:

- Documented continuation of ancillary services in a continuing care plan that included monthly progress reports to the Court (copy to Probation and/or Parole) for six months;
- Mandatory attendance at no less than three self-help meetings or support groups per week;
- Voluntary attendance at treatment provider alumni group meetings; and
- One face-to-face group contact per month with the treatment provider to verify client participation.

The Monitoring Court bench officer, treatment provider, DPO, and/or Parole Agent worked in partnership to encourage a participant's ongoing involvement in treatment. The treatment plan and level of services were adjusted based on the participant's compliance or non-compliance with program requirements. Treatment providers were encouraged to communicate frequently with the Court, Probation, and/or Parole, and to use these entities as resources to assist with compliance.

During FY 2004-05, ADPA contracted with 100 certified and/or licensed treatment agencies that provided services at 224 sites throughout Los Angeles County (*Attachment VI*). ADPA reviewed the utilization rate of all service contracts on a regular basis to ensure the appropriate and effective use of Proposition 36 funding.

Drug Testing

All Proposition 36 participants, regardless of their treatment level, were required to submit to random and observed drug testing as follows:

Level I	1 per week
Level II	1 per week
Level III	2 per week (first 8 weeks) 1 per week (9 th week and continuing for the duration of treatment)

Los Angeles County guidelines specifically required that testing be random and observed; all treatment staff must be trained on appropriate protocols and procedures for collection; and the chain of custody for urine samples must be maintained. In addition to drug testing conducted by the treatment providers, the Probation Department administered quarterly random and observed drug tests. Probation also conducted random tests at the request of the Court or treatment providers.

v. *Data Collection and Reporting*

The Treatment Court and Probation eXchange (TCPX), a sophisticated information collection, sharing, and transmission system, was specifically designed to accommodate the reporting and statistical needs for the Superior Court, Probation Department, treatment providers, and ADPA for the implementation of Proposition 36. The system featured a browser-based application designed to support client referrals, treatment operations, and the administrative requirements of Proposition 36. The system provided a computerized mechanism via internet/intranet for:

- Establishing electronic referrals from the Court to the Community Assessment Services Centers;
- Recording defendant treatment assessment information and submitting this information electronically to the Court;
- Assigning treatment provider(s) based on participants' needs;
- Standardizing progress reports and treatment plans;
- Electronically submitting reports to the Court; and
- Providing statistical information.

TCPX continued to expand statistical reporting capabilities and improve efficiency. Funding for TCPX was supported through the County's Proposition 36 allocation.

vi. *Fiscal Plan*

In order to fully utilize the funding allocated to Los Angeles County, the Proposition 36 Implementation Task Force adopted a five-year funding plan during the initial planning process. Throughout the past four fiscal years, the Task Force made adjustments to the original budget to ensure the utmost effective utilization of the funds.

Total Projected Funding for Los Angeles County
(January 2001 through June 2006) \$173,869,760

Projected Allocations:	
ADPA-Contracted Treatment Programs	\$131,573,498 (75.7%)
Probation Services	21,042,009 (12.1%)
ADPA Program Monitoring	14,144,493 (8.1%)
Management Information Systems/Data Collection	3,677,387 (2.1%)
Court Operations	3,432,373 (2.0%)

C. *Monitoring*

The Board of Supervisors designated the Alcohol and Drug Program Administration (ADPA) as the County's lead agency, which was responsible for providing quality treatment services to all Proposition 36 participants.

The ADPA Contract Services Division was responsible for monitoring all Proposition 36 treatment providers and CASCs contracted by Los Angeles County. In addition to monitoring compliance with federal, State, and county laws, regulations, ordinances and contracts, the Contract Services Division used a standardized monitoring instrument to ensure compliance with the County's Proposition 36 Implementation Plan. A toll-free "Proposition 36 Helpline" was established to address issues, problems and questions from the Court and other County departments, treatment providers, clients, and the public in a timely manner. The Helpline played a major role for the quality assurance of Proposition 36 services.

The TCPX automated information system also compiled information from a variety of sources to create a consolidated record for all Proposition 36 participants. The system provided the Court and County agencies with all required reports for processing Proposition 36 cases/participants as well as a variety of statistical reports. The TCPX system provided ADPA with the capability to obtain summary information on the number of participants by treatment levels, no-shows, dropouts, successful completions of assigned programs, and other management information to assess and evaluate each

treatment provider's capability to provide timely treatment to Proposition 36 participants.

D. Community Input

Community input and involvement were critical pieces of the implementation and ongoing operation of Proposition 36. ADPA established four Regional Coordinating Councils in February 2002 to identify and address issues of local concern and to ensure communication between the community members and the Executive Steering Committee. The purpose of the Regional Coordinating Councils was to:

- Promote coordination, collaboration, and information-sharing among all the involved agencies;
- Enhance community involvement with the agencies;
- Provide a forum for sharing information and requesting direction from the Proposition 36 Executive Steering Committee; and
- Provide information and support to the various agencies as appropriate.

Due to the size of Los Angeles County, four separate councils were created to accommodate better participation:

- North/Northeast (Service Planning Areas 1 and 2): Antelope Valley, San Fernando Valley, and Santa Clarita Valley.
- East/Southeast (Service Planning Areas 3 and 7): San Gabriel Valley, Pomona, Santa Fe Springs, and Whittier.
- Central/South (Service Planning Areas 4 and 6): Metropolitan and South Los Angeles.
- West/South Bay/Long Beach (Service Planning Areas 5 and 8): Long Beach, South Bay, and West Los Angeles.

Meetings of the four Regional Coordinating Councils are convened quarterly by ADPA in collaboration with Regional Court Coordinators. The Councils review and discuss the implementation and operation of Proposition 36 and address issues specific to each local area. The Councils are composed of representatives from the local branches of the Court, District Attorney's Office, Probation, Public Defender's Office, Parole, CASCs, treatment providers, and interested others. All meetings are open to the public.

Input from Regional Coordinating Councils provides an important resource for the Steering Committee when formulating policies and procedures for a more efficient and effective Proposition 36 network in Los Angeles County. Discussing and brainstorming treatment-related and criminal justice issues/concerns provide an opportunity for all stakeholders to compare the similarities and differences in their operations and, ultimately, help to enhance the quality of services. The face-to-face interactions among all players contribute to improving communication and establishing a rapport that helped sustain Proposition 36 participants' involvement in the program.

E. Program Evaluation – Statewide SACPA Evaluation

Proposition 36 specifically required that the California Department of Alcohol and Drug Programs contract with a public university to conduct a long-term, statewide evaluation project aimed at reviewing the effectiveness and financial impact of Proposition 36. The Integrated Substance Abuse Programs of the University of California, Los Angeles (UCLA-ISAP) was selected to conduct this evaluation. From the data collected by the counties, the UCLA-ISAP issued reports evaluating the effectiveness and fiscal impact of the program, including the implementation process, review of incarceration costs and changes in the crime rate, prison and jail construction, and welfare costs. The evaluation covers the period from the initiation of operations on July 1, 2001 through June 30, 2006.

Los Angeles County was chosen as one of ten Focus Counties selected for the statewide evaluation project. The selection of the Focus Counties was based on the following criteria:

- Mix of urban and rural counties;
- Broad geographic coverage of the state;
- Capabilities for collecting Proposition 36-relevant data; and
- Diversity of implementation strategies.

The scope and terms of collaboration between the Focus Counties and UCLA-ISAP were tailored to each County and designed to serve both the evaluation needs and county-specific purposes. As a Focus County, Los Angeles was responsible for facilitating contacts with Proposition 36 participants, assisting UCLA-ISAP in accessing program data, and participating in focus groups and stakeholder surveys.

In addition to group meetings with focus counties, UCLA-ISAP also conducted an annual six-part survey of county stakeholders, which included “Lead Agency,” “Alcohol and Drug Program Administration,” “Court,” “District Attorney,” “Probation,” and “Public Defender.” The survey covered operating procedures, the number of participants, and the overall rating of program performance and collaborative efforts.

As part of the outcome evaluation, UCLA-ISAP also plans to conduct phone interviews with approximately 2,000 participants (statewide) 12 months after their initial assessment. Some participants will be chosen to be interviewed in-person and paid for their participation. The majority of the face-to-face interviews (also randomly selected) will be conducted in Los Angeles County due to budgetary constraints and logistics. All 11 CASCs inform Proposition 36 participants of the statewide evaluation at the conclusion of their initial clinical assessment, by providing an oral and written explanation of the evaluation activities, along with a postcard containing a toll-free phone number for reporting his/her contact information to UCLA-ISAP. Los Angeles County, as well as the other 57 counties, provides UCLA-ISAP with Proposition 36 participant data on a regular basis.

In 2004, UCLA-ISAP completed self-report interviews with 3,300 Proposition 36 participants in the ten Focus Counties. These participants included a randomly selected sample of 600 participants from Los Angeles County and 300 from each of the other nine Focus Counties. The contact rate was 66 percent. Only one percent of contacts declined to participate. Interviews usually took place by phone. Whenever feasible, face-to-face interviews in homes or jails were conducted. Each interview took 25-30 minutes.

In addition to participating in the statewide evaluation of Proposition 36 conducted by UCLA-ISAP, Los Angeles County also evaluated its Proposition 36 program services as a subset of its Los Angeles County Evaluation Study (LACES). This study established an ongoing system for evaluating the effectiveness of County-contracted alcohol and drug treatment programs. UCLA-ISAP also served as the evaluator responsible for LACES. Progress reports on the LACES effort were posted online at www.laces-ucla.org.

CHAPTER THREE

YEAR FOUR IN REVIEW – FISCAL YEAR 2004-05

I. DEFENDANT ELIGIBILITY DETERMINATIONS

During Fiscal Year (FY) 2004-05, the Probation Department's Pretrial Services Division conducted criminal history eligibility checks on 10,855 cases for defendants referred by the Court for Proposition 36 eligibility determinations. These checks involved intensive reviews of numerous automated criminal justice information systems, which determined participant eligibility under the State's legal requirements.

In FY 2003-04, the Pretrial Services Division began a process for pre-screening defendants prior to referral by the courts. During FY 2004-05, 8,047 additional defendants, whose arrest charges were within the guidelines for Proposition 36 eligibility, were pre-assessed. The assessments were sent to the Court for bench officers' consideration of Proposition 36.

In addition, the Probation Department's Adult Investigations began a similar process to determine eligibility for Proposition 36 treatment during the course of their normal investigative duties. However, these screenings could not be enumerated for this report due to technical systems difficulties.

II. SENTENCED PARTICIPANTS

From July 1, 2004 through June 30, 2005, a total of 9,026 new offenders (participants) were convicted and sentenced by the Court, or were ordered by the California Department of Corrections and Rehabilitation (Parole) to participate in Proposition 36. These participants accounted for 10,089 cases:

- 9,601 cases (95 percent) sentenced by the Court
- 488 cases (5 percent) directly referred by Parole to Proposition 36

The majority (75 percent) of those sentenced by the Court were felons, which represented a nine percent increase from 66 percent in FY 2003-04. Since the inception of the program, the primary conviction charge has remained possession of a controlled substance. Among the offenders sentenced by the Court, 305 cases were dual-supervision cases. These were parolees who sustained new arrests, were sentenced by the Court, and were subsequently placed on probation while still under Parole supervision.

III. ASSESSMENTS

For FY 2004-05, a total of 9,026 participants were ordered by the Court or Parole to report to one of the 11 Community Assessment Services Centers (CASCs). A total of 7,687 new participants reported as directed. This represented an 85.2 percent reporting compliance rate. The CASCs actually had 25,869 contacts with Proposition 36 participants to provide such services as assessments, evaluations, re-evaluations, referrals and re-referrals. Many participants returned to the CASCs 2-3 times during their course of treatment. The reasons for these multiple contacts included:

- Reassessed for referral to appropriate treatment programs;
- Transferred to outpatient programs following successful completion of residential treatment; and
- Referred to new programs following Court-ordered referrals, changes in treatment level/modality, or unsatisfactory termination by previous treatment providers.

IV. TREATMENT SERVICES

During FY 2004-05, community-based treatment providers served a total of 16,427 participants (including those participants active in treatment at the beginning of FY 2004-05), which represented 18,101 treatment placements. At any given time, an average of 5,000 Proposition 36 participants was engaged in treatment services. In FY 2004-05, Proposition 36 Monitoring Courts held 172,549 court sessions to monitor participants' progress in complying with Proposition 36 drug treatment program requirements, as well as conditions of probation.

Gender

Males	12,870 (78%)
Females	3,557 (22%)

Age

18-20:	697 (4.2%)
21-25:	2,460 (15.0%)
26-30:	2,323 (14.1%)
31-35:	2,419 (14.7%)
36-40:	2,739 (16.7%)
41-45:	2,702 (16.5%)
46-50:	1,821 (11.1%)
51-55:	758 (4.6%)
56-60:	346 (2.1%)
61-65:	123 (0.8%)
Over 65:	39 (0.2%)

Ethnicity/Race

Hispanic/Latino	6,820 (41.5%)
White	4,800 (29.2%)
African American	4,141 (25.2%)
Asian and Pacific Islander	300 (1.8%)
American Indian	99 (0.6%)
Other	267 (1.7%)

Primary Drug of Choice

Methamphetamine	6,203 (37.8%)
Cocaine	4,086 (24.9%)
Crack Cocaine	1,663 (10.1%)
Heroin	1,198 (7.3%)
Marijuana	1,133 (6.9%)
Poly Drug	615 (3.7%)
Alcohol	596 (3.6%)
Amphetamine	509 (3.1%)
PCP	211 (1.3%)
Other	213 (1.3%)

Service Planning Areas

SPA 1 (Antelope Valley)	647 (3.9%)
SPA 2 (San Fernando Valley)	2,021 (12.3%)
SPA 3 (San Gabriel Valley)	3,896 (23.7%)
SPA 4 (Metro)	2,291 (14.0%)
SPA 5 (West)	502 (3.1%)
SPA 6 (South)	1,872 (11.4%)
SPA 7 (Southeast)	2,668 (16.2%)
SPA 8 (Harbor/Long Beach)	2,530 (15.4%)

Levels of Conviction

Felony	10,685 (65%)
Misdemeanor	5,742 (35%)

Treatment Modality³

Outpatient	14,197 (86%)
Residential	2,230 (14%)

3 During the first four years of the program, the number of offenders involved in narcotic replacement therapy was low. However, Los Angeles County remains committed to offering narcotic replacement therapy services and outreach activities as elements of the continuum of services available to Proposition 36 program participants.

Supervision (Probation vs. Parole)

Probationers	14,437 (88%)
Parolees	1,990 (12%)

Primary Treatment – Level of Treatment

Level I	6,117 (37.2%)
Level II	6,396 (39.0%)
Level III	3,914 (23.8%)

Continuing Care Treatment

A total of 2,146 participants were placed in continuing care, the last phase of Proposition 36 treatment, during FY 2004-05.

Participants in Active Treatment

On June 30, 2005, a total of 5,128 participants were still actively receiving treatment services.

V. PROGRAM COMPLETIONS

In FY 2004-05, a total of 3,176 Proposition 36 cases successfully completed treatment and subsequently were discharged by treatment providers. Of those, 2,544 cases petitioned the Court and had their cases dismissed.

VI. ACTIVITIES**A. *Enhancing Treatment Program*****i. *Community Assessment Services Centers***

During FY 2004-05, 11 Community Assessment Services Centers (CASCs) provided assessment and treatment referral services to 7,687 new Proposition 36 participants. The CASCs made 25,869 actual contacts in FY 2004-05.

To enhance communication between CASCs and the Proposition 36 Monitoring Courts, each CASC designated staff to act as Court Liaison. When necessary, the Court Liaisons attended court hearings with clients and provided information to bench officers. Some Court Liaisons also conducted assessments at the courthouses. The majority of CASCs conducted meetings with their local bench officers on a regular basis, in addition to attending the Regional Coordinating Council meetings.

ii. Treatment Providers

The community-based treatment providers responded to the increase of clients and needed services in all modalities for the Proposition 36 program.

In FY 2004-05, Proposition 36 treatment providers served a total of 16,427 clients, which represented an increase of 9.4 percent from FY 2003-04.

ADPA reviewed the utilization trends of all Proposition 36 services contracts and made adjustments accordingly to ensure the maximum utilization of Proposition 36 treatment resources. The treatment programs were also reviewed and monitored to ensure compliance with the treatment standards established for participants. These included (in addition to primary treatment services and narcotics replacement therapy) provision of job development training, and literacy and educational services.

iii. Drug Testing

As a treatment tool, treatment providers are required to conduct random and observed drug tests of all Proposition 36 participants based on protocols established by the treatment matrix. ADPA contracted with the Laboratory Corporation of America (LabCorp) for transporting, analyzing, and reporting the drug-testing results to all Proposition 36 treatment providers within a specified time frame. LabCorp was also responsible for providing training and technical assistance to treatment providers.

LabCorp provided both laboratory-based and point-of-care tests. The lab-based urinalysis was a five-panel test, which included: cannabinoids, cocaine, methamphetamines, opiates, and phencyclidine (PCP). While urinalysis was the primary type of drug testing, alternative testing (cups and dip sticks) was also acceptable. The point-of-care tests provided saliva alcohol strips, as well as test strips for barbiturates, benzodiazepines, methadone, cannabinoids, cocaine, opiates, methamphetamines, amphetamines, and phencyclidine.

During FY 2004-05, a total of 146,108 tests were conducted. Of these tests, 14,356 (or 10 percent) were positive for drug use. The providers were required to record all test results on the Treatment Courts and Probation eXchange (TCPX) system. In addition, they were also required to fax the positive test results to the Court, Probation, and/or Parole within 24 hours of receipt.

B. Enhancing the Treatment Courts and Probation eXchange (TCPX) Automated Information System

The Treatment Courts and Probation eXchange (TCPX) system was developed as a browser-based, real-time application to support the client referral, treatment operational, and administrative requirements of the Proposition 36 program. The system linked community-based treatment providers at over 250 locations with the local courts, Community Assessment Services Centers, Probation Department and ADPA, and allowed for the electronic and timely exchange of information.

ADPA established connections for re-located agencies, conducted TCPX trainings for new staff members of treatment providers and court personnel, and provided ongoing technical assistance to all users. In addition, the system was updated regularly to accurately reflect all Proposition 36 treatment providers along with levels and types of services. This tool aided the CASC staff in making referrals to treatment providers contracted by the County.

C. Continuing Regional Coordinating Council Meetings

During FY 2004-05, sixteen Regional Coordinating Council meetings were conducted throughout Los Angeles County. Convened by ADPA at various public sites, attendance averaged approximately 75-100 persons per meeting. The meetings served as a venue for receiving valuable input from key stakeholders and community groups, such as those affiliated with the California Campaign for New Drug Policies, to identify and resolve local implementation issues.

Feedback provided at the meetings was highly constructive and helpful in making program improvements. Attendees also gained better understanding of partnerships involved in implementing the County's Proposition 36 program. The meetings provided a systematic process for relaying issues to the Proposition 36 Executive Steering Committee for resolution and facilitated development or revision of countywide policy and procedures.

Regular meeting agenda items included update reports by ADPA and roundtable discussions on topical issues among representatives of partner agencies, such as the Court, Laboratory Corporation of America (LabCorp), Probation, Parole, CASCs, treatment providers, and interested members of the general public. The agendas and meeting summaries were posted on the ADPA Proposition 36 web page. ADPA also maintained a calendar of all regional meetings on the web page.

D. Maintaining the Proposition 36 Helpline

During FY 2004-05, the ADPA Proposition 36 Helpline received more than 600 calls⁴. Seventy-one percent of the calls were initiated by County-contracted treatment providers, five percent from bench officers, four percent from Deputy Probation Officers, eight percent from Proposition 36 participants, and 12 percent from other sectors.

Among the 442 calls made by treatment providers, the nature of inquiries consisted of the following:

- 76% treatment-related issues;
- 4% drug testing;
- 6% Community Assessment Services Centers;
- 8% Treatment Courts and Probation eXchange (TCPX)-related policies and procedures;
- 3% treatment services matrix;
- 3% Los Angeles County Participant Reporting System (LACPRS)-related policies and procedures.

E. Participating in Community Assessment Services Center Directors Meetings

ADPA staff participated in monthly meetings of the directors of the Community Assessment Services Centers (CASCs). These meetings allowed the CASC directors to share information regarding assessments, workload, and other issues related to Proposition 36 participants. Information was also provided on hard-to-place clients and those with special needs. Issues regarding the CASCs and requests for policy clarifications were shared with the Proposition 36 Executive Steering Committee and the Regional Coordinating Councils.

F. Educating the Public

The following activities were conducted during the past year to inform the public on the County's progress in implementing the program:

- ADPA staff members and the Proposition 36 Executive Steering Committee participated in numerous conferences and meetings as a means for raising public awareness of the program.

⁴ This number does not include many calls made directly to other ADPA divisions (Finance, Information Systems, Planning, and Program Development & Technical Assistance).

- On March 3, 2005, the Proposition 36 Implementation Task Force held its annual meeting to review and discuss the third year of implementation in Los Angeles County. At that time, the Task Force also approved the Proposition 36 Annual Report 2003-2004 for submission to the Countywide Criminal Justice Coordination Committee and the Board of Supervisors.
- The ADPA Proposition 36 web page (www.lapublichealth.org/adpa) provided updated information about the ongoing implementation of Proposition 36. The website featured a calendar with a meeting schedule for the Regional Coordinating Council meetings, agendas and meeting summaries. The annual reports and general information were also posted. The website provided updated Proposition 36-related information for all stakeholders, including County personnel, ADPA providers and participants, as well as for those seeking a better understanding of Proposition 36, its implementation and operations.

CHAPTER FOUR

TAKING A LOOK BACK – FISCAL YEAR 2001-02 THROUGH FISCAL YEAR 2004-05

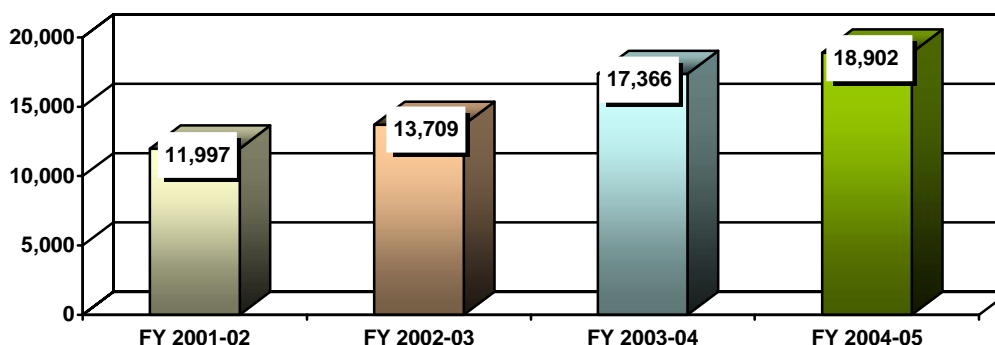
I. A FOUR-YEAR COMPARISON

	<u>FY 2001-02</u>	<u>FY 2002-03</u>	<u>FY 2003-04</u>	<u>FY 2004-05</u>
Sentenced by Superior Court	8,889	8,925	7,641	8,015
Referrals Directly from Parole	46	527	558	488
Referrals from Out-of-County	320	384	439	523
Total Sentenced	9,255	9,836	8,638	9,026
Declined Participation	1,737	1,271	1,270	1,647
No Show/Bench Warrant Issued	229	453	331	45
Dismissals	19	5	13	9
Deferred Entry of Judgment	40	13	7	9
Admitted to Drug Court	29	10	4	2
Pending Court Action	1,098	811	568	632
Subtotal:	3,152	2,563	2,193	2,344
Sentenced Participants from Previous Fiscal Year	0	775	943	1,005
Appeared for Assessment	6,103	8,048	7,388	7,687
No Show/Bench Warrant Issued	81	232	126	35
Pending Arrival to Treatment Facility	32	348	53	58
Rejected and Re-referred to CASC	277	296	260	280
Referred Out-of-County	67	204	381	410
Referred to Veterans Administration	8	43	78	68
Referred to Mental Health	1	12	22	24
Referred to Private Paid Facility	10	111	108	102
Specialty Services Required	0	10	0	0
Not Amenable to Treatment – Referred Back to Court	14	46	62	62
Declined Participation – Program Terminated by Court	501	367	268	314
Subtotal:	991	1,669	1,358	1,353
Treatment Placement	5,112	6,379	6,030	6,334
Participants Who Received Treatment During Fiscal Year (includes active participants at start of fiscal year)	<u>5,112</u>	<u>10,979</u>	<u>15,013</u>	<u>16,427</u>

A. Defendant Eligibility Determinations

In Fiscal Year (FY) 2004-05, the Probation Department conducted criminal history checks on 18,902 cases for Proposition 36 eligibility that include defendants referred by the Court, as well as those pre-screened by the Pretrial Services Division prior to referral by the Court. This represented a nine percent increase from 17,366 in FY 2003-04, a 27 percent increase from the 13,709 cases in FY 2002-03, and a 14 percent increase from 11,997 cases in FY 2001-02.

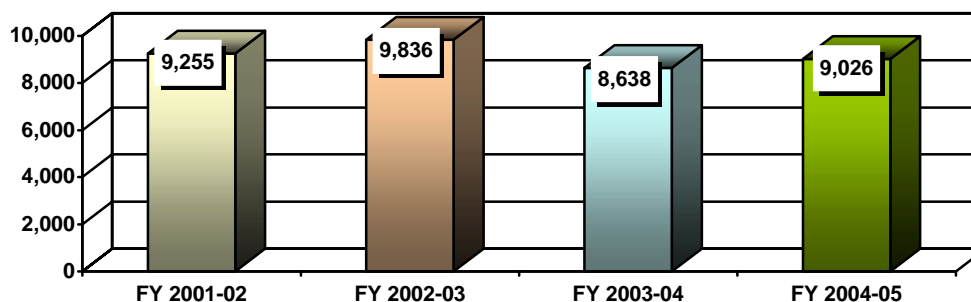
Defendant Eligibility Determinations



B. Sentenced Participants

In FY 2004-05, a total of 9,026 new defendants (participants) were convicted and sentenced by the Court or were ordered by the California Department of Corrections and Rehabilitation to participate in Proposition 36. This represented a 4.5 percent increase from the 8,638 sentenced participants in FY 2003-04, a 12 percent decrease from the 9,836 sentenced participants in FY 2002-03, and a six percent increase from the 9,255 participants sentenced in FY 2001-02.

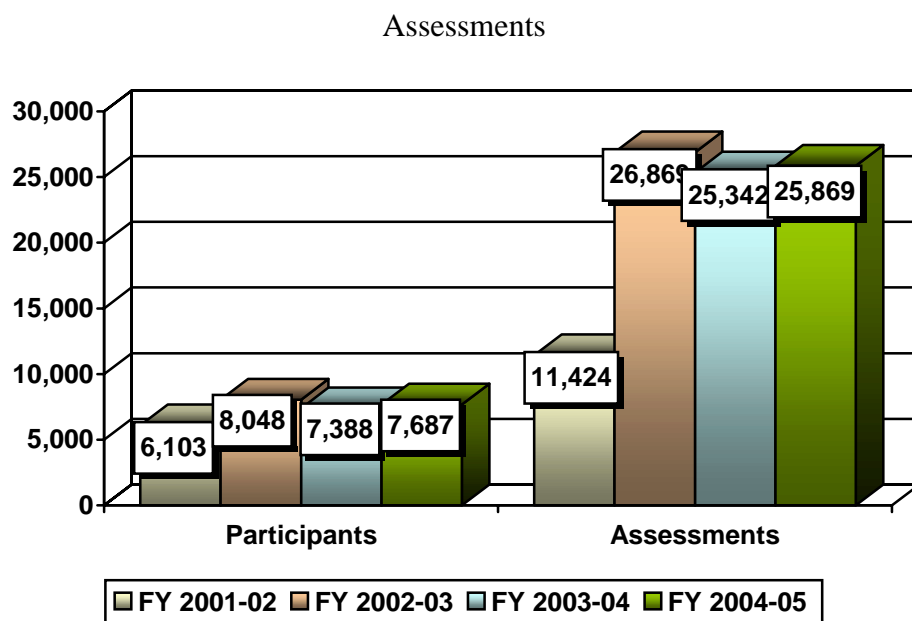
Sentenced Participants



C. Assessments

Of the 9,026 defendants convicted in FY 2004-05, the Community Assessment Services Centers (CASCs) provided assessment and treatment referral services to 7,687 Proposition 36 participants as ordered by either the Court or Parole, resulting in 25,869 CASC contacts. In FY 2003-04, CASCs conducted assessment and treatment referral services for 7,388 participants, resulting in 25,342 contacts. This represented a four percent and two percent increase respectively. The reporting rate for assessments decreased slightly from 85.5 percent in FY 2003-04 to 85.2 percent in FY 2004-05.

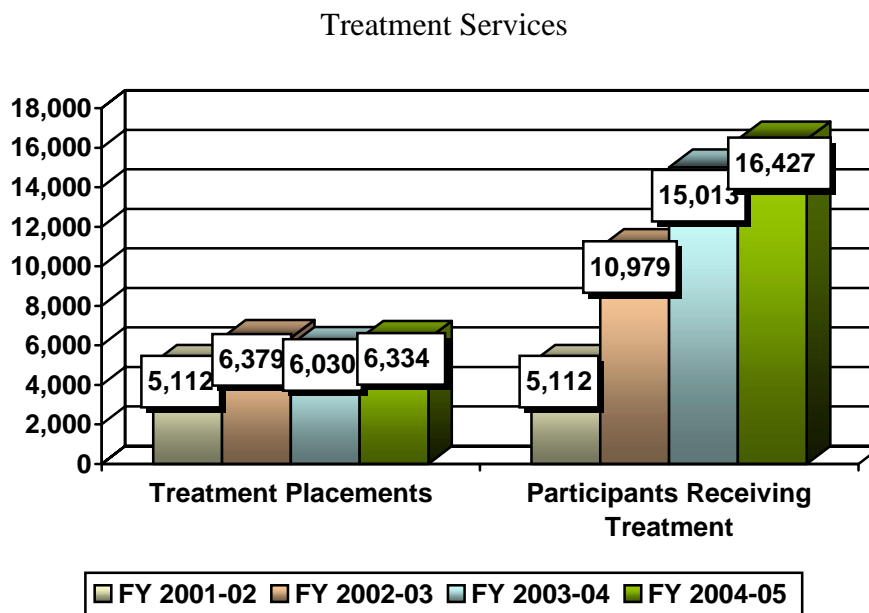
In FY 2002-03, CASCs conducted assessment and treatment referral services for 8,048 participants, resulting in 26,869 contacts. In FY 2001-02, CASCs conducted assessment and treatment referral services for 6,103 participants, resulting in 11,424 contacts.



D. Treatment Services

Of the 7,687 new participants assessed in FY 2004-05, a total of 6,334 (82.4 percent) reported to community-based treatment providers as ordered. In terms of actual services provided during FY 2004-05, Proposition 36 treatment providers served a total of 16,427 participants (including those participants active in treatment at the beginning of FY 2004-05). Of the 7,388 new participants assessed in FY 2003-04, 6,030 (81.6 percent) reported to treatment, and providers served a total of 15,013 participants (including those participants active in treatment at the beginning of FY 2003-04). This represented an increase of 9.4 percent in terms of actual services provided in FY 2004-05.

Of the 8,048 new participants assessed in FY 2002-03, a total of 6,379 reported to treatment services. The volume of actual services given in FY 2002-03 by Proposition 36 treatment providers was a total of 10,979 participants (including those participants active in treatment at the beginning of FY 2002-03). Of the 6,103 new participants assessed during FY 2001-02, a total of 5,112 reported to treatment services.



Gender of Participants

While the number of Proposition 36 participants receiving treatment services increased in number over the past four fiscal years, the relative proportion of participants by gender remained constant.

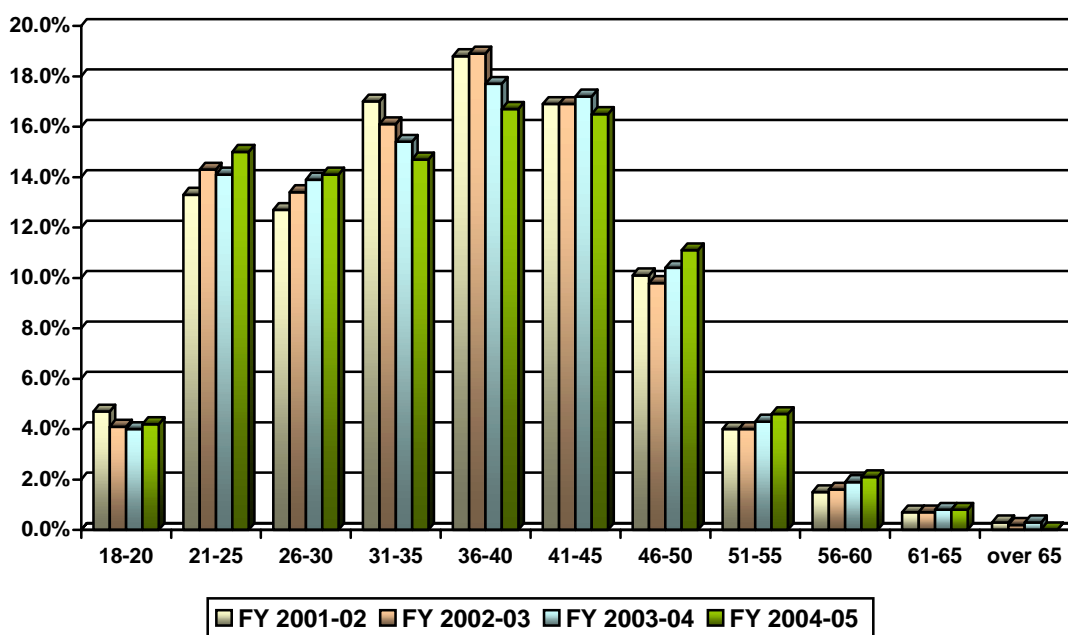
<i>Gender</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>
Female	1,098 (21%)	2,302 (21%)	3,229 (21%)	3,557 (22%)
Male	4,014 (79%)	8,677 (79%)	11,784 (79%)	12,870 (78%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

Age of Participants

The relative percentages of participants by age changed very little across the first four fiscal years. The largest number of participants remained between ages 36 and 40 for all four years.

Age	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05
18-20	224 (4.7%)	448 (4.1%)	603 (4.0%)	697 (4.2%)
21-25	680 (13.3%)	1,570 (14.3%)	2,115 (14.1%)	2,460 (15.0%)
26-30	650 (12.7%)	1,466 (13.4%)	2,087 (13.9%)	2,323 (14.1%)
31-35	872 (17.0%)	1,768 (16.1%)	2,319 (15.4%)	2,419 (14.7%)
36-40	963 (18.8%)	2,072 (18.9%)	2,660 (17.7%)	2,739 (16.7%)
41-45	867 (16.9%)	1,857 (16.9%)	2,589 (17.2%)	2,702 (16.5%)
46-50	517 (10.1%)	1,076 (9.8%)	1,568 (10.4%)	1,821 (11.1%)
51-55	209 (4.0%)	441 (4.0%)	640 (4.3%)	758 (4.6%)
56-60	77 (1.5%)	175 (1.6%)	278 (1.9%)	346 (2.1%)
61-65	39 (0.7%)	80 (0.7%)	114 (0.8%)	123 (0.8%)
Over 65	14 (0.3%)	26 (0.2%)	40 (0.3%)	39 (0.2%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

Age of Participants

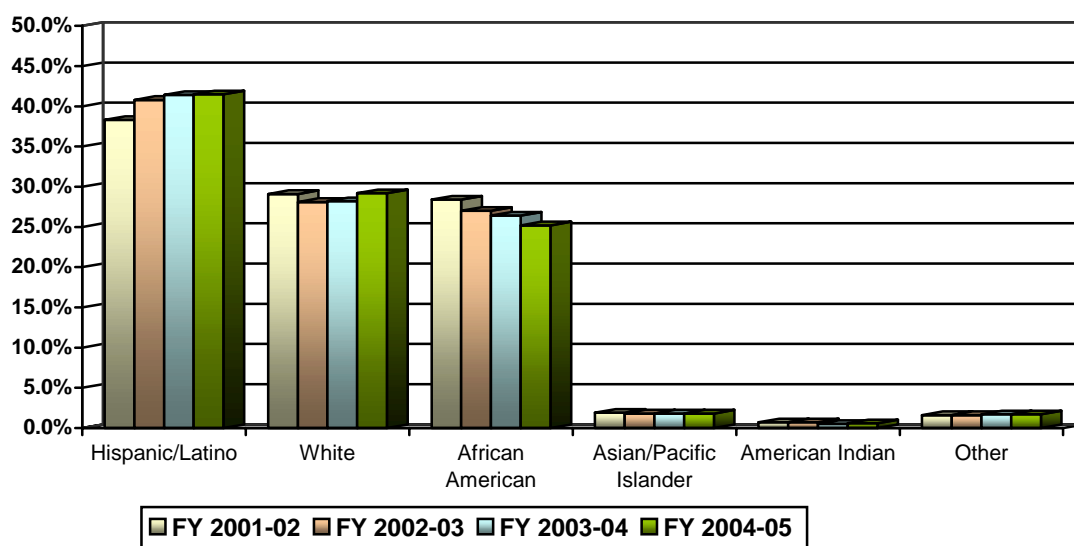


Ethnicity/Race of Participants

For all four fiscal years, Hispanics/Latinos comprised the largest ethnic group/race among participants at approximately 40 percent, followed by Whites and African Americans.

<i>Ethnicity/Race</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>
Hispanic/Latino	1,957 (38.3%)	4,474 (40.8%)	6,213 (41.4%)	6,820 (41.5%)
White	1,489 (29.1%)	3,089 (28.1%)	4,227 (28.2%)	4,800 (29.2%)
African American	1,453 (28.4%)	2,961 (27.0%)	3,956 (26.4%)	4,141 (25.2%)
Asian/Pacific Islander	96 (1.9%)	203 (1.8%)	276 (1.8%)	300 (1.8%)
American Indian	34 (0.7%)	80 (0.7%)	90 (0.5%)	99 (0.6%)
Other	83 (1.6%)	172 (1.6%)	251 (1.7%)	267 (1.7%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

Ethnicity/Race of Participants

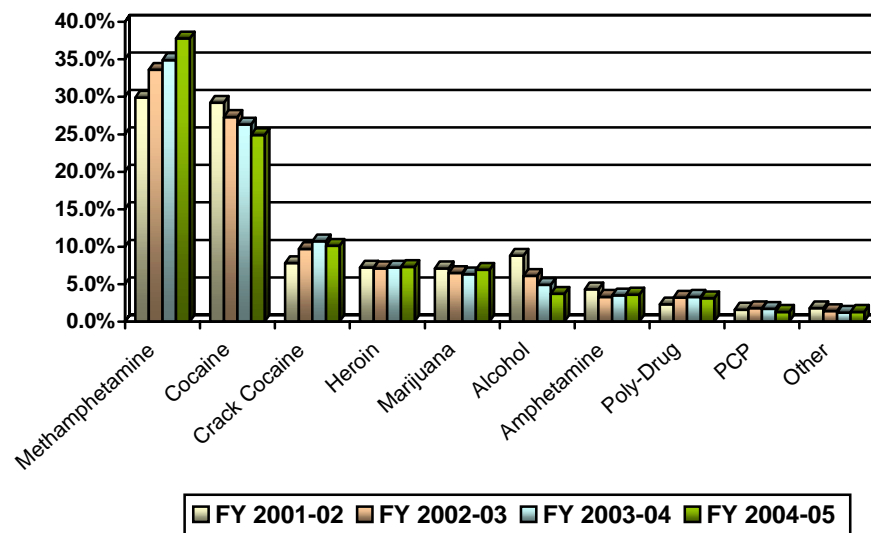


Primary Drug of Choice Reported by Participants

Methamphetamine remained the most prevalent primary drug of choice reported by program participants across all four fiscal years. The most notable trend was that the percentage of participants reporting methamphetamine as the primary drug of choice increased approximately eight percent over last four years (from 29.9 percent in FY 2001-02 to 37.8 percent in FY 2004-05). The percentage of participants reporting cocaine or alcohol as the primary drug of choice reflected a downward trend (four percent and five percent respectively).

Drug Name	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05
Methamphetamine	1,527 (29.9%)	3,692 (33.6%)	5,251 (34.9%)	6,203 (37.8%)
Cocaine	1,491 (29.2%)	2,996 (27.3%)	3,941 (26.3%)	4,086 (24.9%)
Crack cocaine	400 (7.8%)	1,068 (9.7%)	1,606 (10.7%)	1,663 (10.1%)
Heroin	370 (7.2%)	774 (7.1%)	1,080 (7.2%)	1,198 (7.3%)
Marijuana	365 (7.1%)	713 (6.5%)	947 (6.3%)	1,133 (6.9%)
Alcohol	452 (8.8%)	664 (6.1%)	729 (4.9%)	615 (3.7%)
Amphetamine	222 (4.3%)	366 (3.3%)	491 (3.3%)	596 (3.6%)
Poly-drug	115 (2.3%)	355 (3.2%)	520 (3.5%)	509 (3.1%)
PCP	79 (1.6%)	195 (1.8%)	256 (1.7%)	211 (1.3%)
Other	91 (1.8%)	156 (1.4%)	192 (1.2%)	213 (1.3%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

Primary Drug of Choice Reported by Participants



Primary Treatment Services – Level of Services

The largest number of participants received Level II services across all four fiscal years. The percentage of participants placed in Level I decreased while the percentage of participants placed in Level III increased slightly during FY 2004-05.

<i>Treatment Level</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>
Level I	1,926 (37.7%)	4,022 (36.6%)	5,766 (38.4%)	6,117 (37.2%)
Level II	2,057 (40.2%)	4,654 (42.4%)	5,845 (38.9%)	6,396 (39.0%)
Level III	1,129 (22.1%)	2,303 (21.0%)	3,402 (22.7%)	3,914 (23.8%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

Treatment Modality

The relative percentages of participants admitted to outpatient and residential treatment services fluctuated slightly during the first four fiscal years. Less than one percent of participants received narcotic replacement therapy.

<i>Modality</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>
Outpatient	4,433 (86.7%)	9,596 (87.4%)	13,057 (87.0%)	14,082 (85.7%)
Residential	661 (12.9%)	1,334 (12.2%)	1,859 (12.4%)	2,230 (13.6%)
NTP*	18 (0.4%)	49 (0.4%)	97 (0.6%)	115 (0.7%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

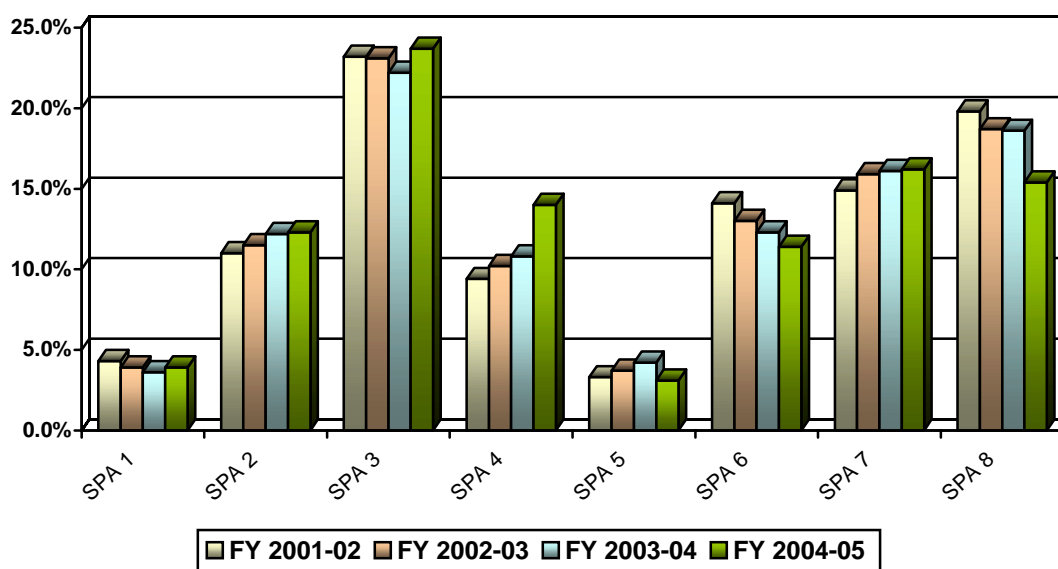
* Narcotic Treatment Program

Participants by Service Planning Areas

Across the first four fiscal years, the largest number of Proposition 36 participants assessed and provided treatment services was in SPA 3 (San Gabriel Valley). SPA 6 (South) and SPA 8 (Harbor/Long Beach) reflected a constant reduction in the percentage of total participants. However, SPA 1 (Antelope Valley) and SPA 5 (West) reflected the fewer number of participants.

<i>Service Planning Area (SPA)</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>
SPA 1	222 (4.3%)	429 (3.9%)	541 (3.6%)	647 (3.9%)
SPA 2	563 (11.0%)	1,259 (11.5%)	1,837 (12.2%)	2,021 (12.3%)
SPA 3	1,185 (23.2%)	2,543 (23.1%)	3,340 (22.2%)	3,896 (23.7%)
SPA 4	481 (9.4%)	1,120 (10.2%)	1,614 (10.8%)	2,291 (14.0%)
SPA 5	170 (3.3%)	407 (3.7%)	637 (4.2%)	502 (3.1%)
SPA 6	721 (14.1%)	1,428 (13.0%)	1,840 (12.3%)	1,872 (11.4%)
SPA 7	758 (14.9%)	1,745 (15.9%)	2,418 (16.1%)	2,668 (16.2%)
SPA 8	1,012 (19.8%)	2,048 (18.7%)	2,786 (18.6%)	2,530 (15.4%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

Participants by Service Planning Areas

Levels of Conviction

The proportion of felony versus misdemeanor convictions among Proposition 36 participants remained at 2:1 across the first four fiscal years.

<i>Conviction</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>
Felony	3,600 (70%)	7,146 (65%)	9,836 (66%)	10,685 (65%)
Misdemeanor	1,512 (30%)	3,833 (35%)	5,177 (34%)	5,742 (35%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

Supervision (Probation versus Parole)

During the first three years, Proposition 36 participants who were under dual supervision of Parole and Probation were counted as “probationers.” As of October 1, 2004, the State ADP changed the referral source entry for dual-supervision participants in the California Alcohol and Drug Data System (CADDs). Under the new definition, dual-supervision participants were counted as parolees. As a result of this change in definition, the number of parolees in FY 2004-05 more than doubled over the previous fiscal year.

<i>Supervision</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>
Probation	5,066 (99%)	10,452 (95%)	14,117 (94%)	14,437 (88%)
Parole	46 (1%)	527 (5%)	896 (6%)	1,990 (12%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)

E. Program CompletionTotal Number of Participants Successfully Completing a Treatment Program

	<u><i>FY 2001-02</i></u>	<u><i>FY 2002-03</i></u>	<u><i>FY 2003-04</i></u>	<u><i>FY 2004-05</i></u>
Participants	500	1,199	3,118	3,176

Successful completion of Proposition 36 treatment also requires compliance with the conditions of probation/parole supervision. The number of Proposition 36 participants successfully completing treatment programs increased by 140 percent from FY 2001-02 to FY 2002-03, by 160 percent from FY 2002-03 to FY 2003-04, and by two percent from FY 2003-04 to FY 2004-05. Approximately, 8,000 participants have successfully completed treatment for the four-year period.

Total Number of Participants with Case Dismissals Following Completion of Treatment

	<u><i>FY 2001-02</i></u>	<u><i>FY 2002-03</i></u>	<u><i>FY 2003-04</i></u>	<u><i>FY 2004-05</i></u>
Participants	60	510	1,759	2,544

The total number of participants successfully completing treatment and subsequently receiving dismissals by the Court increased by 750 percent from FY 2001-02 to FY 2002-03, by 245 percent from FY 2002-03 to FY 2003-04, and by 45 percent from FY 2003-04 to FY 2004-05. Sixty-one percent of participants who successfully completed treatment over the four-year period had their cases dismissed.

Average Number of Treatment Days Per Participant Successfully Completing a Treatment Program

	<u><i>FY 2001-02</i></u>	<u><i>FY 2002-03</i></u>	<u><i>FY 2003-04</i></u>	<u><i>FY 2004-05</i></u>
Average Days	461 days	405 days	442 days	381 days

II. TAKING A LOOK BACK - July 1, 2001 to June 30, 2005

Since the inception of Proposition 36 on July 1, 2001, a total of 28,516 drug offenders were assessed and referred for Proposition 36 treatment services and a total of 24,881 reported to community-based treatment providers as ordered by the Court or Parole. The overall show rate for treatment during the first four years was 87.3 percent.

For those who reported to treatment up to June 30, 2005, a total of 7,993 were successfully discharged by treatment providers and 5,120 participants were still actively receiving treatment services. Of the 7,993 participants completing treatment, a total of 4,873 also petitioned the Court and had their cases dismissed.

III. KEY FINDINGS

Three key findings were identified from an evaluation⁵ designed to study patterns of SACPA outcomes in two primary areas: recidivism and treatment. The study assessed treatment outcomes for individuals in Los Angeles County convicted of SACPA-eligible drug offenses between July 2001 and June 2003. In addition, a comparison group composed of individuals convicted of SACPA-eligible drug offenses between July 2000 and December 2000 were identified. Following are the key findings identified as a result of the evaluation:

1. *SACPA represented a major shift in drug offender sentencing in Los Angeles County*

Approximately 8,400 offenders were sentenced to SACPA in each of the first two years of implementation, representing an increased burden on treatment, probation, parole, and court systems while relieving pressure from county jails and state prisons. Compared to the comparison group prior to SACPA implementation, the number of offenders convicted of SACPA eligible crimes and sentenced to state prison decreased by 47 percent and the number sentenced to jail decreased by 31 percent. However, the number of offenders placed on probation (including SACPA) increased by 17 percent. Reductions in jail time served on the qualifying offense alone resulted in a savings to the county while increases in probation time represented an additional cost. The potential net change in county costs due to reductions in jail incarceration and increases in probation in lieu of jail on the SACPA qualifying charge was estimated at approximately \$8 million in the year following the conviction.⁶ Other costs associated with treatment and courts also increased to an unmeasured degree.

2. *SACPA participants are not all “lightweight” offenders*

Offenders sentenced to SACPA were re-arrested at higher rates than offenders who received other sentences, primarily due to drug related charges. This is consistent with the profile of an unincarcerated population with treatment needs. Compared to offenders sentenced to jail or non-SACPA probation, SACPA offenders had greater numbers of prior lifetime convictions and were more likely to have been convicted of a felony on the initial qualifying offense in the study.

⁵ *Evaluation of the Substance Abuse and Crime Prevention Act, Los Angeles County*, University of California, Los Angeles, Integrated Substance Abuse Programs, to be released by June 2006.

⁶ Real jail savings may not have been fully realized due to elasticity in the system. That is, jail capacity created by reductions in time served by drug offenders may have been filled by offenders who were incarcerated for other types of offenses. To the extent that this occurred it represents a policy decision to re-allocate resources that became available under SACPA policy. Further changes in costs occurred in other county services as well as at other levels of government level (e.g. state prisons). These changes were beyond the scope of this evaluation, but many are addressed in the Statewide SACPA Cost Benefit Analysis released by UCLA in April 2006. Longshore, D., Hawken, A., Urada, D., & Anglin, M.D. (2006). SACPA COST ANALYSIS REPORT (First and Second Years), University of California, Los Angeles, Integrated Substance Abuse Programs.

3. *Prompt admission to treatment is associated with better outcomes*

Participants who did not admit to treatment within 30 days of sentencing went on to account for 68 percent of all re-arrests over a 24-month period.⁷ However nearly all of those arrests occurred after the 30-day period, so participants who failed to admit to treatment within this window represent good targets for intervention. More generally, half of all people arrested during the follow-up period are arrested within six months of SACPA sentencing. This suggests that procedures aimed at increasing treatment admission and retention during this critical period should play an important part in future planning. SACPA participants who completed treatment were admitted to treatment an average of 20 days faster than those who failed to complete treatment.

IV. **CONCLUSION - THE FIRST FOUR YEARS . . . AND BEYOND FY 2005-06**

Despite facing significant challenges, Los Angeles County successfully implemented Proposition 36. From voter passage of the initiative in November 2000 to the mandated implementation deadline of July 1, 2001, the County had only seven months to make major changes to long-established procedures for handling drug offenders in both the criminal justice and drug treatment service systems. Due to the earlier establishment of the County's Drug Court Program, a system for communication and collaboration was already in place. It was this foundation that allowed for the rapid planning and implementation of a countywide Proposition 36 program. The use of dedicated courts, co-location of various initial assessment and probation services, an automated information and reporting system, and continuous communication among key stakeholders were all critical elements contributing to the many significant milestones and achievements accomplished by the County partners and stakeholders.

Los Angeles County clearly met the mandate of the law to provide comprehensive treatment services for drug offenders who would otherwise likely be incarcerated due to their substance abuse problems. At any given time, approximately 5,000 persons were in treatment for substance abuse problems under the umbrella of Proposition 36 in Los Angeles County.

Although the specific funding for the Proposition 36 program ends on June 30, 2006, the mandate for Proposition 36 drug treatment services continues indefinitely. With less than one year of funding remaining, the Los Angeles County Proposition 36 Task Force is working closely with stakeholders in Los Angeles County and throughout California to make the best case for refunding and changes that will improve the Proposition 36 process and create a framework for better outcomes.

⁷ Arrests were defined as new cases. These are not arrests due to bench warrants which may have been issued on the original case due to failure to appear or other violations.

On January 10, 2006, Governor Arnold Schwarzenegger proposed \$120 million for Proposition 36 on a one-time basis for FY 2006-07. This proposal does not address the escalating costs faced by the counties. The Governor is also proposing significant reforms to improve outcomes and accountability. The areas of reform the Governor addressed in the budget summary included:

Accountability

- Jail sanctions – To give judges the authority to hold offenders accountable for attending and completing treatment through short jail terms.
- Drug testing – To impose drug testing as a condition of probation in order to ensure compliance with treatment programs.
- Judicial monitoring – To use “drug court” models to improve collaboration between treatment providers and law enforcement.

Reform Treatment Services

- Cultural competency – To assure the availability of culturally and linguistically appropriate services.
- Tailored treatment – To assure that clients receive appropriate treatment based on assessment and placement criteria.

ATTACHMENTS

Countywide Criminal Justice Coordination Committee
Proposition 36 Implementation Task Force

Roster
2004-05

LOS ANGELES SUPERIOR COURT

LUNA, Ana Maria, CHAIR
Judge

ADAJIAN, Jacob
Judge

BARELA, Henry
Judge

CHRISTIAN, Deborah
Judge

DEVOE, Cathrin
Commissioner

DIAZ, Rudolph
Judge

DESHAZER, Ellen
Judge

DIFRANK, Loren
Commissioner

GLADSTEIN, Martin
Commissioner

GRODIN, Thomas
Commissioner

HOGUE, Amy D.
Judge

KLEIN, Ross
Commissioner

MABREY, Paula
Judge

MORENO, Armando
Judge

MULVILLE, Harold
Commissioner

PETERS, Anthony
Commissioner

RODRIQUEZ, Jose A.
Commissioner

SERIO, Collette
Commissioner

SMERLING, Terry
Judge

STROBEL, Mary H.
Judge

TYNAN, Michael
Judge

VICENCIA, Michael
Judge

CICHY, Susan
Central Administrator, Criminal Courts

JAUREGUI, Theresa
Staff Attorney

DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION

OGAWA, Patrick L.
Director

CHIEF ADMINISTRATIVE OFFICE

HARPER, Sharon
Senior Assistant Administrative Officer

DISTRICT ATTORNEY'S OFFICE

RUBIN, Lael R.
Deputy District Attorney

ALTERNATE PUBLIC DEFENDER

CHEW, Robyn
Deputy Alternate Public Defender

SHERIFF'S DEPARTMENT

JACKSON, Charles
Chief

LOS ANGELES COUNTY POLICE CHIEFS'
ASSOCIATION

HARREN, James
Chief, Azusa Police Department

DEPT OF COMMUNITY AND SENIOR SERVICES

FORMAN, Adine
Chief of State Government Relations

MENTAL HEALTH DEPARTMENT

SOUTHARD, Marvin J., D.S.W.
Director

INTERNAL SERVICES DEPARTMENT

KRUEGER, John
Division Manager,
Information Systems Support Division

COUNTYWIDE CRIMINAL JUSTICE
COORDINATION COMMITTEE (CCJCC)

SHUTTLEWORTH, Peggy
Executive Director

COUNTY COUNSEL

TRASK, Gordon W.
Deputy County Counsel

PUBLIC DEFENDER'S OFFICE

JUDGE, Michael P.
Public Defender

PROBATION DEPARTMENT

DAVIES, David M.
Chief, Adult Field Services Bureau

LOS ANGELES POLICE DEPARTMENT

PANNELL, Willie
Commander

DEPARTMENT OF CORRECTIONS

MARTINEZ, Alfred
Acting Regional Administrator

DEPARTMENT OF PUBLIC SOCIAL SERVICES

GARCIA, Sandra
Program Director, Supportive Services

AUDITOR-CONTROLLER

NAIMO, John
Chief, Accounting Division

NARCOTICS AND DANGEROUS DRUGS
COMMISSION

GENTILE, Lawrence
Commissioner

INDIGENT CRIMINAL DEFENSE APPOINTMENTS

DREYFUSS, Cathy
Directing Attorney, Los Angeles County Bar Association

GLENDALE CITY ATTORNEY

HOWARD, Scott H.
City Attorney

INGLEWOOD CITY ATTORNEY

DICKERSON, Charles E.
City Attorney

LOS ANGELES CITY ATTORNEY

JEFFRIES, Dan F.
Assistant Supervising Attorney, Hill Street

REDONDO BEACH CITY ATTORNEY

GODDARD, Jerry
City Attorney

TORRANCE CITY ATTORNEY

ACCIANI, Robert
Chief Deputy City Attorney

CALIFORNIA CAMPAIGN FOR NEW DRUG POLICIES

ZIMMERMAN, Bill
Executive Director

PROVIDER COALITIONS

African American Alcohol and Other Drug Council

BRANCH, Cheryl
Chair

California Association of Alcohol and Drug Program Executives

SENELLA, Albert M.
Chief Operating Officer, Tarzana Treatment Center

HIV Drug and Alcohol Task Force

CASANOVA, Mark
Co-Chair

BURBANK CITY ATTORNEY

SCOTT, Juli C
Chief Assistant City Attorney

HAWTHORNE CITY ATTORNEY

PREZIOSI, Tarquin
Deputy City Attorney

LONG BEACH CITY PROSECUTOR

REEVES, Thomas
City Prosecutor

PASADENA CITY PROSECUTOR

FELDMAN, Albert
Deputy City Prosecutor

SANTA MONICA CITY ATTORNEY

HAVILAND, Betty
Chief Deputy City Attorney, Criminal Division

UNIVERSITY OF CALIFORNIA, LOS ANGELES

RAWSON, Richard, Ph.D.
Associate Director, Integrated Substance Abuse Programs

California Association of Addiction Recovery Resources

O'CONNELL, James
CEO, Social Model Recovery Systems, Inc.

California Therapeutic Communities

STANLEY-SALAZAR, Elizabeth
Vice President, Director of Operations
Phoenix House

Countywide Criminal Justice Coordination Committee
Proposition 36 Executive Steering Committee

Roster
2004-05

Superior Court

LUNA, Ana Maria, CHAIR
Judge

TYNAN, Michael
Judge

CICHY, Susan
Central Administrator, Criminal
Courts

**Countywide Criminal Justice
Coordination Committee**

SHUTTLEWORTH, Peggy
Executive Director

**Alcohol and Drug Program
Administration**

OGAWA, Patrick L.
Director

MORRIS LOWE, Carol
Planning Director, Planning Division

HOANG, David
Director
Information Systems Division

District Attorney's Office

RUBIN, Lael R.
Deputy District Attorney

ZAJEC, John
Director, Branch and Area, Region I

Public Defender's Office

CLEM, Carol A.
Head Deputy

Probation Department

DAVIES, David M.
Chief, Adult Field Services Bureau

Department of Corrections

LUCKETT, Eleanor
Unit Supervisor
Inglewood 6 Parole Unit

Internal Services Department

NEWBLE, Rochelle
Principal Programmer Analyst

**California Association of Alcohol
and Drug Program Executives**

SENELLA, Albert M.
Chief Operating Officer
Tarzana Treatment Center

**Narcotics and Dangerous Drugs
Commission**

GENTILE, Lawrence
President
Behavioral Health Services

**PROPOSITION 36 MONITORING COURTS
JUNE 30, 2005**

Court/District	Location	Court #	Judicial Officer	Court Clerk	Courtroom Assistant	Court Telephone #	Court Fax #
North	Lancaster	Dept. C	Comm. Cathrin DeVoe	Kim Seyler	Patricia Smith	661-974-7304	661-974-7534
North Valley	San Fernando	Div. 130	Comm. Jeffrey Harkavy	Anne Ouellette/Laura Naradovy	Isabel Ramirez	818-898-2412 818-898-2597	818-898-2599
Northwest	Van Nuys	Div. 100	Comm. Thomas Grodin	Theresa Wilkins	Dawn Mallow	818-374-2639	818-997-3248
East	West Covina	Div. 6	Comm. Mulville	Angela Andarza	Sylvia Martinez	626-813-3230	626-813-0217
East	El Monte	Div. 2	Comm. Rodriguez	Cecilia Morales	Betty Estrada	626-575-4134	626-279-2271
East	Pomona	Div. 5	Comm. Peters	Maria Baltierra	Elizabeth Del Real	909-620-3238	909-622-7902
Northeast	Pasadena	Dept. G	Comm. Serio	Stephanie Jones	Rose Tillett	626-356-5665	626-397-9173
Northeast	Pasadena	Dept. D	Hon. Terry Smerling	Sharon Rosemont		626-356-5647	626-397-9187
Southeast	Downey	Div. 2	Comm. Klein	Mary Anne La Pinta	Debbie Medina	562-803-7012	562-803-4816
Southeast	Bellflower	Div. 2	Hon. Armando Moreno	Corrina Ornales		562-804-8029	562-866-1433
Southeast	Whittier	Div. 1	Comm. Loren Di Frank	Miriam Ayala	C. Jennings	562-907-3140	562-693-6042
Central	CCB	Div. 42	Hon. Mary H. Strobel	Delsy Beltran/Hope Patino	William Adamo/ Paul So	213-974-6037	213-617-0682
	CCB	Div. 43	Hon. Amy D. Hogue	Pat Perez/Denise Santiago	Leticia Menjivar/Cheri Grant	213-974-6031	213-217-4936
	ELA	Div. 7	Hon. Henry Barela	Diane Lopez		323-780-2015	323-526-3745
South Central	Compton	Div. 5	Hon. Ellen DeShazer	Laurie Brown	K. Duncan	310-603-7137	310-763-0911
South	Long Beach	Dept. 3	Hon. Jacob Adajian	Amy Uruburu	F. DeCastro/G. Diaz	562-491-6240	562-436-1713
Southwest	Inglewood	Div. 6	Hon. Deborah Christian	Vikki Johnson	Joy Alailima-Millon	310-419-5115	310-330-8677
Southwest	Torrance	Div. 6	Hon. Michael Vicencia	Erica Hill	Susan Delgado	310-222-8841	310-783-5114
West	Airport	Div. 145	Hon. Paula Mabrey	Brandon Green	Byron Davis	310-727-6068	310-727-0697

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION
PROGRAM DEVELOPMENT AND TECHNICAL DIVISION
COMMUNITY ASSESSMENT SERVICES CENTERS (CASC)
PROPOSITION 36 CASC - CONTACT LIST 06/14/05**

ASSESSMENT LOCATIONS	SERVICE PLANNING AREA (SPA)	CASC DIRECTOR-CONTACT
Tarzana Treatment Center 44447 North 10 th Street West Lancaster, CA 93534	1	Terry Nico X4113 – John Meade X4129 Phone # (661) 726-2630 Fax (661) 952-1172
Tarzana Treatment Center 18646 Oxnard Street Tarzana, CA 91356	2	Monica Weil Ph.D. – Tammi DeMasters X3853 CASC (818) 654-3853 Phone # (818) 996-1051– X2062 Fax (818) 996-1753
Prototypes – San Gabriel Valley 11100 E. Valley Blvd. Suite 116 El Monte, CA 91731 Prototypes – Pomona 172 W. Willow St. Pomona, CA 91768 Prototypes – Pasadena 2555 Colorado Blvd., Suite 101 Pasadena, CA 91101	3	Eva Ramirez Fogg – Georgina Yoshioka Phone # (626) 444-0705 Fax (626) 444-0710 Eva Ramirez Fogg – Kathy Cogger Phone # (909) 623-4131 Fax (909) 623-3101 Eva Ramirez Fogg – Diego Gonzalez Phone # (626) 449-2433 Fax (626) 449-2665
Homeless Health Care 2330 Beverly Blvd. Los Angeles, CA 90057	4	Sandy Song – David Murillo Phone (213) 342-3114 Fax (213) 342-3124
Didi Hirsch CMHC 11133 Washington Blvd. Culver City, CA 90230	5	Bram Conley – Charles Bullitts or Yvonne Vargus Phone # (310) 895-2339 Fax (310) 895-2395
ICS – LA 5715 S. Broadway Ave. Los Angeles, CA 90037	6	Kathy Harvey – Jaysanna Collins Phone # (323) 948-0444 Fax (323) 948-0443
California Hispanic 9033 Washington Blvd. Pico Rivera, CA 90660	7	Malala Elston – Sam Campbell Phone # (562) 942-9625 Fax (562) 942-9695
BHS – Gardena 15519 Crenshaw Blvd. Gardena, Ca 90249 BHS - Long Beach 1775 N. Chestnut Ave. Long Beach, CA 90813	8	Celia Aragon – Lisa Sandoval Phone # (310) 973-2272 Fax (310) 973-7813 Celia Aragon – Lisa Sandoval Phone # (562) 218-8387 Fax (562) 591-4494
DHS Liaison		Pauline Lopez Phone # (626) 299-4518 Fax (626) 458-6823

**Proposition 36 Toll Free Help Line
1- 888 - 742-7900
www.lapublichealth.org/adpa**

SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE SERVICES MATRIX
(Revised JULY 2, 2002)

LEVEL I

ADMISSION CRITERIA	Probation Risk Level: 0-14 * No prior violent felony or misdemeanor violent convictions Clinical ASI: Low Range * No Special Needs
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 120 days (18 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Tests: (18 wks @ 1/week) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Outpatient:</u> 18 weeks @ 3 hrs/week = 54 hours (min. 2 sessions per wk.) Combination of individual, group, education sessions NA/AA meetings: 36 mtgs @ 2/wk Probation Supervision: 36 months (Optional early termination at court's discretion)
TREATMENT LEVEL ESCALATION MODIFICATION CRITERIA (Non-judicial)	(3) positive Tx drug tests OR (3) missed Tx, sessions, OR (3) missed NA/AA meetings OR any combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any positive tests, along with other considerations, can trigger escalation to the next treatment level
TREATMENT LEVEL MODIFICATION PROCEDURES	<u>IF probationer fails (3) Tx test OR (3) sessions/meetings OR combination within a 30-day period</u> PROVIDER: <ul style="list-style-type: none"> - Contacts DPO w/in 48 hours of latest incident - Conducts mandatory individual session w/probationer w/in 72 hrs. of incident to develop Level II Tx plan - Notify DPO and Court of immediate up – phasing to Level II
PROBATION ROLE	<ul style="list-style-type: none"> - Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations, and/or non-compliance, and/or changes in treatment level
COURT ROLE	<ul style="list-style-type: none"> - Document non-compliance - Monitor hearings as needed or requested by DPO - Review participant contests of movement to higher phase - Review/approve probation recommendation to retain in Level I treatment in lieu of automatic movement to Level II - Retain jurisdiction for 18 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug tests or treatment failures occur w/in (2) weeks of program completion
PROVIDER ROLE	<ul style="list-style-type: none"> - Provide Tx & admin. Tx tests - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL II

ADMISSION CRITERIA	Probation Risk Level: 15-29 * No prior violent felony convictions Clinical ASI: Mid Range
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 224 days (32 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Test: (32 @ 1/week = 32) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient:</u> 32 weeks @ 6 hours/week = 192 hours (Min. 3 sessions per wk.) <u>Intensive Day Care:</u> 24 weeks @ 3 hrs/3 days per wk. = 216 hrs. Combination of individual, group, education sessions NA/AA meetings: 128 meetings (32 wks @ 4/wk) Probation Supervision 36 months (Optional Early termination of Probation at court's discretion)
VIOLATION CRITERIA	(1) positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions or (3) missed NA/AA meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrests, absconding, or willful violations of program requirements
	PROVIDER: - Submits violation/non-compliance report w/DPO w/in 48 hours of latest incident DPO: - Files court report and request for violation hearing w/in 72 hrs. COURT - Review/rule on Probation violation recommendation
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test repts - Random drug test during program - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	- Document non-compliance - Conduct status hearings as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur w/in (2) weeks or program completion
PROVIDER ROLE	- Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL III

ADMISSION CRITERIA	Probation Risk Level: 30 + Clinical ASI: High Range
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 280 days (40 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Test: (8 weeks @ 2/weeks = 16) & (32 weeks @ 1/week = 32) Total tests 48 Random, Observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient:</u> 40 weeks @ 9 hours/week = 360 (min 5 sessions per wk) <u>Intensive Day Care:</u> 24 week @ 3 hrs/3 days per week = 216 hrs. <u>Residential:</u> no less than 30 or more than 180 days Combination of individual, group, education sessions NA/AA meetings: <u>Outpatient:</u> 200 meetings (40 wks @ 5/wks) <u>Day Care:</u> 120 meetings (24 weeks @ 5/wks) <u>Residential:</u> 104 meetings (26 weeks @ 4 wks) Probation Supervision: 36 months (Optional Early termination at court's discretion)
VIOLATION CRITERIA	(1) Positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions OR (3) missed sessions/meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrest, absconding, or willful violations of program requirements
VIOLATION PROCEDURES	PROVIDER: - Submits violation/non-compliance report with DPO w/in 48 hours of latest incident DPO: - Files court report and request for violation hearing w/in 72 hrs. COURT: - Review/rule on Probation violation recommendation
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Random drug test during program - Administer minimum quarterly/random PB drug tests, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	- Document non-compliance - Conduct status hearing as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review /approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur within (2) weeks of program completion
PROVIDER ROLE	- Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/courts - Collaborate w/DPO re. Tx & Supervisory needs

CONTINUING CARE

Continuing care or aftercare, is the last stage of treatment, when the client no longer requires the intensive services offered during primary treatment. Continuing care can occur in a variety of settings, such as periodic outpatient meetings, relapse/recovery groups, self-help groups and halfway houses. Services may include relapse prevention, alumni activities and mentorship programs. Continuing care services shall be supervised follow-up.

In concurrence with the recommendation of the treatment provider, the Court may order participation in continuing care upon the successful completion of primary treatment services. Movement of the client into the continuing care stage shall only be made with the approval of the Court.

Continuing care services for Proposition 36 clients should include the following:

- Documented continuation of ancillary services in a continuing care plan that includes monthly progress reports to the Court (copy to Probation) for six months;
- Mandatory attendance at no less than three (3) 12-step/self-help meetings or support groups per week;
- Voluntary attendance at treatment provider alumni group meetings; and
- One face-to-face group contact per month with treatment provider to verify client participation.

If a Proposition 36 participant is in danger of relapse, the treatment provider shall make a recommendation to the Court to allow the participant to return to primary treatment services.

Upon successful completion of primary treatment and continuing care, the Court in concurrence with the treatment provider's recommendation, may order the treatment phase of Proposition 36 completed.

County of Los Angeles
Alcohol and Drug Program Administration
Proposition 36 Treatment Agencies
As of 5/25/2005

Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
Aegis Medical Services, Inc.	ONTMS	1825 Thelborn Street	West Covina	91791	(626) 915-3844	(626) 915-3845	3
Aegis Medical Services, Inc.	ONTMS	1322 North Avalon Boulevard	Wilmington	90744	(310) 513-1300	(310) 513-1311	8
Aegis Medical Services, Inc.	ONTMS	14240 East Imperial Highway	La Mirada	90231	(562) 946-1587	(562) 946-5740	5
Aegis Medical Services, Inc.	ONTPDX	1825 Thelborn Street	West Covina	91791	(626) 915-3844	(626) 915-3845	3
Aegis Medical Services, Inc.	ONTPDX	14240 East Imperial Highway	La Mirada	90231	(562) 946-1587	(562) 946-5740	5
Aegis Medical Services, Inc.	ONTPDX	1322 North Avalon Boulevard	Wilmington	90744	(310) 513-1300	(310) 513-1311	8
Alcoholism Center for Women, Inc.	RS	1135 South Alvarado Street	Los Angeles	90006	(213) 381-8500	(213) 381-8529	4
Alcoholism Council of Antelope Valley/NCA	OC	44815 Fig Avenue, Suite 101	Lancaster	93534	(661) 948-5046	(661) 948-5049	1
Alcoholism Council of Antelope Valley/NCA	OC	38345 30th Street East, Suite B-2	Palmdale	93550	(661) 274-1062	(661) 274-1065	1
Alta Med	ONTMS	1701 Zonal Avenue	Los Angeles	90033	(323) 223-6146	(323) 223-6399	4
Alta Med	ONTPDX	1701 Zonal Avenue	Los Angeles	90033	(323) 223-6146	(323) 223-6399	4
American Asian Pacific Ministries, Inc.	DCH	4022 North Rosemead Boulevard	Rosemead	91770	(626) 287-3475	(626) 287-3485	3
American Asian Pacific Ministries, Inc.	OC	4022 North Rosemead Boulevard	Rosemead	91770	(626) 287-3475	(626) 287-3475	3
American Indian Changing Spirits	RS	2120 Williams Street, Building 1	Long Beach	90810	(562) 388-8118	(562) 388-8117	8
Antelope Valley Rehabilitation Center	RS	38200 North Lake Hughes	Castaic	91310	(661) 257-2342	(661) 294-0024	2
Antelope Valley Rehabilitation Center/High Desert Recovery Services	OC	44900 North 60th Street West	Lancaster	93536	(661) 945-8458	(661) 945-8471	1
Asian American Drug Abuse Program, Inc.	DCH	3838 Martin Luther King Boulevard	Los Angeles	90008	(323) 294-4932	(323) 294-2533	6
Asian American Drug Abuse Program, Inc.	OC	3838 Martin Luther King Boulevard	Los Angeles	90008	(323) 294-4932	(323) 294-2533	6
Asian American Drug Abuse Program, Inc.	RS	5318 South Crenshaw Boulevard	Los Angeles	90043	(323) 293-6284	(323) 295-4075	6
Atlantic Recovery Services	OC	1100 West Manchester Boulevard	Los Angeles	90044	(323) 789-3365	(323) 789-4741	6
Atlantic Recovery Services	OC	9722 San Antonio Street	South Gate	90280	(323) 564-6925	(323) 563-7497	7
Atlantic Recovery Services	OC	1909 Atlantic Avenue	Long Beach	90806	(562) 218-5246	(562) 218-5244	8
Avalon Carver Community Center	OC	4920 South Avalon Boulevard	Los Angeles	90011	(323) 232-4391	(323) 232-0481	6
Beacon House Association of San Pedro (The)	RS	1003 South Beacon Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Beacon House Association of San Pedro (The)	RS	1012 South Palos Verdes Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Beacon House Association of San Pedro (The)	RS	124 West Eleventh Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Beacon House Association of San Pedro (The)	RS	132 West 10th Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Behavioral Health Services, Inc.	DCH	6838 Sunset Boulevard	Hollywood	90028	(323) 461-3161	(323) 461-5633	4
Behavioral Health Services, Inc.	DCH	3421 East Olympic Boulevard	Los Angeles	90023	(323) 262-1786	(323) 262-2659	7
Behavioral Health Services, Inc.	DCH	4065 Whittier Boulevard, Suites 202 - 203	Los Angeles	90022	(323) 269-4890	(323) 269-1852	7
Behavioral Health Services, Inc.	DCH	1318 North Avalon Boulevard, Suite A	Wilmington	90744	(310) 549-2710	(310) 549-2715	8
Behavioral Health Services, Inc.	DCH	404 Edgewood Street	Inglewood	90302	(310) 673-5750	(310) 673-1236	8
Behavioral Health Services, Inc.	DCH	15519 South Crenshaw Boulevard, Suite A	Gardena	90249	(310) 679-9031	(310) 679-9034	8
Behavioral Health Services, Inc.	OC	6838 Sunset Boulevard	Hollywood	90028	(323) 461-3161	(323) 461-5633	4
Behavioral Health Services, Inc.	OC	3421 East Olympic Boulevard	Los Angeles	90023	(323) 262-1786	(323) 262-2659	7
Behavioral Health Services, Inc.	OC	4065 Whittier Boulevard, Suites 202 - 203	Los Angeles	90022	(323) 269-4890	(323) 269-1852	7
Behavioral Health Services, Inc.	OC	1318 North Avalon Boulevard, Suite A	Wilmington	90744	(310) 549-2710	(310) 549-2715	8
Behavioral Health Services, Inc.	OC	404 Edgewood Street	Inglewood	90302	(310) 673-5750	(310) 673-1236	8

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Behavioral Health Services, Inc.	OC	15519 South Crenshaw Boulevard, Suite A	Gardena	90249	(310) 679-9031	(310) 679-9034	8
Behavioral Health Services, Inc.	OC	2180 West Valley Boulevard	Pomona	91768	(909) 865-2336	(909) 865-1831	3
Behavioral Health Services, Inc.	ONTMS	15519 South Crenshaw Boulevard, Suite A	Gardena	90249	(310) 679-9688	(310) 679-9034	8
Behavioral Health Services, Inc.	ONTPDTX	15519 South Crenshaw Boulevard, Suite A	Gardena	90249	(310) 679-9688	(310) 679-9034	8
Behavioral Health Services, Inc.	RDTX	2180 West Valley Boulevard	Pomona	91768	(909) 865-2336	(909) 865-1831	3
Behavioral Health Services, Inc.	RDTX	1775 North Chestnut Avenue	Long Beach	90813	(562) 599-8444	(562) 591-6134	8
Behavioral Health Services, Inc.	RS	2180 West Valley Boulevard	Pomona	91768	(909) 865-2336	(909) 865-1831	3
Behavioral Health Services, Inc.	RS	2501 West El Segundo Boulevard	Hawthorne	90250	(323) 754-2816	(323) 754-2828	8
Behavioral Health Services, Inc.	RS	1775 North Chestnut Avenue	Long Beach	90813	(562) 599-8444	(562) 591-6134	8
California Drug Consultants, Inc.	DCH	659 East Walnut Street	Pasadena	91101	(626) 844-0410	(626) 844-3135	3
California Drug Consultants, Inc.	OC	659 East Walnut Street	Pasadena	91101	(626) 844-0410	(626) 844-3135	3
California Graduate Institute Substance Abuse Program	OC	1145 Gayley Avenue, 3rd Floor	Los Angeles	90024	(310) 208-4240	(310) 208-0684	5
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	OC	13020 Francisquito Avenue	Baldwin Park	91706	(626) 813-0288	(626) 813-0928	3
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	OC	5801 East Beverly Boulevard	Los Angeles	90022	(323) 722-4529	(323) 722-4450	7
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	RS	2436 Wabash Avenue	Los Angeles	90033	(213) 780-8756	(323) 780-0151	4
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	RS	327 North Saint Louis Street	Los Angeles	90033	(323) 261-7810	(323) 261-8555	4
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	RS	530 North Avenue 54	Los Angeles	90042	(323) 254-2433	(323) 256-9258	4
Cambodian Association of America	OC	2501 Atlantic Avenue	Long Beach	90806	(562) 988-1863	(562) 988-1475	8
Canon Human Services, Inc.	OC	9705 South Holmes Avenue	Los Angeles	90002	(323) 249-9097	(323) 249-9121	6
Canon Human Services, Inc.	RS	9705 South Holmes Avenue	Los Angeles	90002	(323) 249-9097	(323) 240-9121	6
Casa de las Amigas	OC	160 North El Molino Avenue	Pasadena	91101	(626) 792-2770	(626) 792-5826	3
Casa de las Amigas	RS	160 North El Molino Avenue	Pasadena	91101	(626) 792-2770	(626) 792-5826	3
Casa de las Amigas	OC	173 North Oak Knoll Avenue	Pasadena	91101	(626) 792-2770	(626) 792-5826	3
Chabad of California, Inc.	RS	5675 West Olympic Boulevard	Los Angeles	90036	(323) 965-1365	(323) 965-0444	4
Charles R. Drew University of Medicine and Science	OC	9307 South Central Avenue	Los Angeles	90002	(323) 564-6982	(323) 564-5970	6
Children's Institute International	OC	711 South New Hampshire Avenue	Los Angeles	90005	(213) 385-5100	(213) 383-1820	4
City of Compton	OC	404 North Alameda Street	Compton	90221	(310) 605-5693	(310) 639-5260	6
City of Long Beach, A Municipal Corporation	OC	2525 Grand Avenue, Suite 210	Long Beach	90815	(562) 570-4100	(562) 570-4049	8
City of Long Beach, A Municipal Corporation	OC	1133 East Rhea Street	Long Beach	90806	(562) 570-4440	(562) 570-4049	8
CLARE Foundation, Inc.	OC	1020 Pico Boulevard	Santa Monica	90404	(310) 314-6208	(310) 396-6974	5
CLARE Foundation, Inc.	RS	901 - 907 Pico Boulevard	Santa Monica	90404	(310) 314-6215	(310) 396-6974	5
CLARE Foundation, Inc.	RS	1865 - 1871 9th Street	Santa Monica	90404	(310) 314-6238	(310) 396-6774	5
CLARE Foundation, Inc.	RS	1023 Pico Boulevard	Santa Monica	90404	(310) 450-4164	(310) 450-2024	5
Clinica Monsenor Oscar A. Romero	OC	2032 Marengo Street	Los Angeles	90033	(323) 780-6336	(323) 266-2549	4
Cri-Help, Inc.	OC	2010 Lincoln Park Avenue	Los Angeles	90031	(323) 222-1440	(323) 222-1317	4
Cri-Help, Inc.	OC	8330 Lakerishim Boulevard	North Hollywood	91605	(818) 255-7030	(818) 985-9427	2
Cri-Help, Inc.	RS	11027 Burbank Boulevard	North Hollywood	91601	(818) 985-8323	(818) 985-4297	2
Cri-Help, Inc.	RS	2010 Lincoln Park Avenue	Los Angeles	90031	(323) 222-1440	(323) 222-1317	4

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Dare U to Care Outreach Ministry	RS	316 West 120th Street	Los Angeles	90061	(323) 756-3208	(323) 418-8480	6
Didi Hirsch Psychiatric Service	OC	4760 South Sepulveda Boulevard	Culver City	90230	(310) 751-5255	(310) 398-5690	5
Didi Hirsch Psychiatric Service	OC	672 South Lafayette Park Place, Suite 6	Los Angeles	90057	(213) 381-3626/(213) 380-8923		4
Didi Hirsch Psychiatric Service	RS	11643 Glenoaks Boulevard	Pacoima	91331	(818) 897-2609	(818) 890-7159	2
Do It Now Foundation	OC	7060 Hollywood Boulevard, Suite 201	Hollywood	90028	(323) 465-3784	(323) 465-3899	4
Driver Safety Schools, Inc.	OC	6316 Van Nuys Boulevard	Van Nuys	91401	(818) 787-7878	(818) 787-4076	2
Driver Safety Schools, Inc.	OC	4240 Overland Avenue	Culver City	90230	(310) 837-1818	(310) 837-4473	5
Eaton Canyon Foundation	RS	3323 East Fairpoint Street	Pasadena	91107	(626) 798-0150	(626) 798-8685	3
El Proyecto del Barrio	DCH	9140 Van Nuys Boulevard, Suite 211	Panorama City	91402	(818) 895-2206	(818) 895-0824	2
El Proyecto del Barrio	DCH	20800 Sherman Way	Winnetka	91306	(818) 710-5225	(818) 710-5220	2
El Proyecto del Barrio	OC	20800 Sherman Way	Winnetka	91306	(818) 710-5225	(818) 710-5220	2
El Proyecto del Barrio	OC	9140 Van Nuys Boulevard, Suite 211	Panorama City	91402	(818) 895-2206	(818) 894-0824	2
Epidaurus	RS	3745 South Grand Avenue	Los Angeles	90007	(213) 743-9075	(213) 743-9079	6
Family Counseling Services of West San Gabriel Valley	OC	10642 Lower Azusa Road	El Monte	91731	(626) 350-4400	(626) 350-4499	3
Family Services of Long Beach	OC	16704 Clark Avenue	Bellflower	90706	(562) 867-1737	(562) 867-6717	7
Family Services of Long Beach	OC	1043 Pine Avenue	Long Beach	90813	(562) 436-3358	(562) 436-9893	8
FOUND, Inc.	OC	830 South Olive Street	Los Angeles	90014	(213) 683-8300	(213) 488-3470	4
Fred Brown Recovery Services	RS	270 and 278 West 14th Street	San Pedro	90731	(310) 519-8723	(310) 519-9428	8
Fred Brown Recovery Services	RS	356 West 13th Street	San Pedro	90731	(310) 519-3737	(310) 519-9428	8
Grandview Foundation, Inc.	RS	225 Grandview Street	Pasadena	91103	(626) 797-1124	(626) 398-5984	3
Grandview Foundation, Inc.	RS	126 North Avenue 57	Los Angeles	90061	(323) 254-6134	(323) 254-6187	6
His Sheltering Arms, Inc.	RS	11101 South Main Street	Los Angeles	90061	(323) 755-6646	(323) 755-0275	6
House of Hope Foundation, Inc.	OC	205 West 9th Street	San Pedro	90731	(310) 521-9209	(310) 521-9241	8
House of Hope Foundation, Inc.	RS	235 West 9th Street	San Pedro	90731	(310) 831-9411	(310) 521-9241	8
Independence Community Treatment Clinic	OC	19231 Victory Blvd., #554	Reseda	91335	(818) 776-1755	(818) 776-1657	2
Jewish Family Service of Los Angeles	OC	8846 West Pico Boulevard	Los Angeles	90035	(310) 247-1180	(310) 858-8582	5
Joint Efforts	OC	505 South Pacific Avenue, Suite 205	San Pedro	90731	(310) 831-2358	(310) 831-2356	8
La Clinica Del Pueblo, Inc.	OC	1547 North Avalon Boulevard	Wilmington	90744	(310) 830-0100	(310) 830-0187	8
Laws Support Center	OC	2707 West 54th Street	Los Angeles	90043	(323) 294-5204	(323) 294-4758	6
Little House	RS	9718 Harvard Street	Bellflower	90706	(562) 925-2777	(562) 925-6888	7
Live Again Recovery Home, Inc.	RS	38215 North San Francisco Canyon Road	Saugus	91390	(661) 270-0020	(661) 270-1341	2
Los Angeles Centers for Alcohol and Drug Abuse	OC	333 South Central Avenue	Los Angeles	90013	(213) 626-6411	(213) 626-8115	4
Los Angeles Centers for Alcohol and Drug Abuse	OC	11015 Bloomfield Avenue	Santa Fe Springs	90670	(562) 906-2676	(562) 906-2681	7
Los Angeles Centers for Alcohol and Drug Abuse	RS	10425 Painter Avenue	Santa Fe Springs	90670	(562) 906-2685	(562) 944-6713	7
Mary-Lind Foundation	RS	360 South Westlake Avenue	Los Angeles	90057	(213) 483-9207	(213) 207-2733	4
Mary-Lind Foundation	RS	4445 Burns Avenue	Los Angeles	90057	(323) 664-8940	(323) 664-1786	4
Matrix Institute on Addictions	OC	12304 Santa Monica Boulevard, Suite 200	West Los Angeles	90025	(310) 207-4322	(310) 207-6511	5
Matrix Institute on Addictions	OC	19100 Ventura Boulevard, Suite 5	Tarzana	91356	(818) 654-2577	(818) 654-2580	2

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Matrix Institute on Addictions	ONTMS	5220 West Washington Boulevard, Suite 101	Los Angeles	90016	(323) 933-9186	(323) 933-7146	6
Matrix Institute on Addictions	ONTPDTH	5220 West Washington Boulevard, Suite 101	Los Angeles	90016	(323) 933-9186	(323) 933-7146	6
MELA Counseling Services Center, Inc.	OC	5723 Whittier Boulevard	Los Angeles	90022	(323) 728-0100	(323) 728-9218	7
Mid Valley Recovery Services, Inc.	RS	3430 Cogswell Road	El Monte	91732	(626) 453-3400	(626) 453-3410	3
Mid Valley Recovery Services, Inc.	RS	453 South Indiana Street	Los Angeles	90063	(323) 266-7725	(323) 266-4402	7
MJB Transitional Recovery, Inc.	OC	11152 South Main Street	Los Angeles	90061	(213) 777-2491	(213) 777-0426	6
Mini Twelve Step House, Inc.	OC	200 North Long Beach Boulevard	Compton	90220	(310) 608-1505	(323) 295-6642	6
Mini Twelve Step House, Inc.	RS	303 East 52nd Street	Los Angeles	90011	(323) 232-6228	(323) 295-6642	6
NCADD - East San Gabriel and Pomona Valleys	OC	160 East Holt Street, Suite A	Pomona	91767	(909) 629-4084	(909) 629-4086	3
NCADD - East San Gabriel and Pomona Valleys	OC	4626 North Grand Avenue	Covina	91724	(626) 331-5316	(626) 332-2219	3
NCADD - Long Beach Area	DCH	830 Atlantic Avenue	Long Beach	90813	(562) 624-9757	(562) 624-8857	8
NCADD - Long Beach Area	OC	830 Atlantic Avenue	Long Beach	90813	(562) 624-9724	(562) 624-8857	8
NCADD - Long Beach Area	RS	836 Atlantic Avenue	Long Beach	90813	(562) 432-6807	(562) 435-9253	8
NCADD - San Fernando Valley, Inc.	OC	6640 Van Nuys Boulevard, Suite C	Van Nuys	91405	(818) 997-0414	(818) 997-0851	2
NCADD - San Fernando Valley, Inc.	OC	20655 Soledad Canyon Road, #16	Canyon Country	91351	(661) 299-2888	(661) 299-2887	2
NCADD - South Bay	OC	1334 Post Avenue	Torrance	90501	(310) 328-1460	(310) 328-1964	8
NCADD - South Bay	RS	351 East 6th Street	Long Beach	90802	(562) 435-7350	(562) 432-4532	8
Ness Counseling Center, Inc. (The)	OC	8512 Whitworth Drive	Los Angeles	90035	(310) 360-8512	(310) 360-2510	5
New Directions, Inc.	RS	11301 Wilshire Boulevard, VA Bldg. 257	Los Angeles	90073	(310) 914-4045	(310) 914-5495	5
New Hope Health Service, Inc.	DCH	13325 Hawthorne Boulevard	Hawthorne	90250	(310)676-8030	(310) 676-8113	8
New Hope Health Service, Inc.	OC	13325 Hawthorne Boulevard	Hawthorne	90250	(310)676-8030	(310) 676-8113	8
New Way Foundation, Inc.	RS	207 North Victory Boulevard	Burbank	91502	(818) 842-2700	(818) 842-9416	2
Options - A Child Care and Human Services Agency	OC	560 South San Jose Avenue	Covina	91723	(626) 967-5103	(626) 351-5501	3
Pajo Corporation, The	ONTMS	2080 Century Park East, Suite 1802	Century City	90067	(310) 553-9500	(310) 553-7247	5
Pajo Corporation, The	ONTPDTH	2080 Century Park East, Suite 1802	Century City	90067	(310) 553-9500	(310) 553-7247	5
Palm House, Inc.	RS	2515 East Jefferson Street	Carson	90810	(310) 830-7803	(310) 830-6606	8
Palms Residential Care Facility (The)	RS	801 West 70th Street	Los Angeles	90044	(323) 759-0340	(323) 759-0466	6
Pasadena Council of Alcoholism and Drug Dependency	OC	1245 East Walnut Street, #117	Pasadena	91106	(626) 795-9127	(626) 795-0979	3
Pasadena Recovery Center	OC	1811 North Raymond Avenue	Pasadena	91103	(626) 345-9992	(626) 345-9995	3
Pasadena Recovery Center	RS	1811 North Raymond Avenue	Pasadena	91103	(626) 345-9992	(626) 345-9995	3
People Coordinated Services of Southern California	OC	3021 South Vermont Avenue	Los Angeles	90007	(323) 732-9124	(323) 735-7059	6
People Coordinated Services of Southern California	RS	1319 South Manhattan Place	Los Angeles	90019	(323) 734-1143	(323) 735-7059	4
People Coordinated Services of Southern California	RS	4771 South Main Street	Los Angeles	90037	(323) 233-3342	(323) 735-7059	6
People in Progress, Inc.	RS	8140 Sunland Boulevard	Sun Valley	91352	(818) 768-7494	(818) 768-0687	2
Phoenix Houses of Los Angeles, Inc.	OC	503 Ocean Front Walk	Venice	90291	(310) 392-3070	(310) 392-9068	5
Phoenix Houses of Los Angeles, Inc.	RS	503 Ocean Front Walk	Venice	90291	(310) 392-3070	(310) 392-9068	5
Phoenix Houses of Los Angeles, Inc.	RS	11015 Bloomfield Avenue	Santa Fe Springs	90670	(562) 941-8042	(562) 941-6592	7
Plaza Community Center	OC	4127 Cesar Chavez	Los Angeles	90063	(323) 269-0925	(323) 269-6248	7

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Pomona Alcohol and Drug Recovery Center, Inc.	OC	636 South Garey Avenue	Pomona	91766	(909) 622-2273	(909) 622-6334	3
Pomona Community Crisis Center, Inc.	OC	232, 240 & 248 East Monterey Avenue	Pomona	91767	(909) 623-1588	(909) 629-2470	3
Pride Health Services, Inc.	DCH	8904 South Vermont Avenue	Los Angeles	90044	(323) 753-5950	(323) 753-6020	6
Pride Health Services, Inc.	DCH	8619 South Crenshaw Boulevard	Inglewood	90305	(310) 677-9019	(310) 677-9401	8
Pride Health Services, Inc.	OC	8904 South Vermont Avenue	Los Angeles	90044	(323) 753-5950	(323) 753-6020	6
Pride Health Services, Inc.	OC	8619 South Crenshaw Boulevard	Inglewood	90305	(310) 677-9019	(310) 677-9401	8
Principles, Inc.	OC	2623 Foothill Avenue	Pasadena	91107	(626) 564-4240	(626) 577-4250	3
Principles, Inc.	RS	1680 North Fair Oaks Avenue	Pasadena	91109	(626) 798-0884	(626) 798-6970	3
Prototypes	DCH	831 East Arrow Highway	Pomona	91767	(909) 398-4383	(909) 398-0125	3
Prototypes	OC	831 East Arrow Highway	Pomona	91767	(909) 398-4383	(909) 398-0125	3
Prototypes	RS	845 East Arrow Highway	Pomona	91767	(909) 624-1233	(909) 621-5999	3
Prototypes S.T.A.R. House/Domestic Violence Program	RS	P.O. Box 931595	Los Angeles	90093	(323) 461-4118	(909) 621-5999	4
RAP Community Recovery Services	OC	2055 North Garey Avenue, #2	Pomona	91767	(909) 596-5335	(909) 593-4865	3
Salvation Army	RS	809 East 5th Street	Los Angeles	90013	(213) 626-4786	(213) 626-0717	4
Salvation Army	RS	721 East 5th Street	Los Angeles	90013	(213) 622-5253	(213) 626-0717	4
Salvation Army	RS	5600 Rickenbacker	Bell	90201	(323) 263-1206	(323) 263-8543	7
Santa Anita Family Services	OC	605 South Myrtle Avenue	Monrovia	91016	(626) 359-9358	(626) 358-7647	3
Santa Anita Family Services	OC	716 North Citrus Avenue	Covina	91723	(626) 966-1755	(626) 859-0999	3
Shields for Families Project, Inc. (The)	DCH	1500 Kay Street, Suite 1746	Compton	90221	(310) 898-2450	(310) 898-2452	6
Shields for Families Project, Inc. (The)	DCH	12021 South Wilmington, Lot C	Los Angeles	90059	(310) 668-8260	(310) 668-8309	6
Shields for Families Project, Inc. (The)	OC	12714 South Avalon, Suite 100	Los Angeles	90061	(323) 777-0130	(323) 777-1659	6
Social Model Recovery Systems	OC	248 East Rowland Street	Covina	91723	(626) 332-7122	(626) 966-2799	3
Social Model Recovery Systems	RS	23701 East Fork Road	Azusa	91702	(626) 910-1202	(626) 910-1380	3
South Bay Human Services Coalition	OC	2370 West Carson Street, #136	Torrance	90501	(310) 328-0780	(310) 328-0175	8
Southern California Alcohol and Drug Programs, Inc.	DCH	8022 Somerset Avenue	Paramount	90723	(562) 272-4004	(562) 272-4309	6
Southern California Alcohol and Drug Programs, Inc.	OC	11500 Paramount Boulevard	Downey	90241	(562) 923-4545	(562) 622-8075	7
Southern California Alcohol and Drug Programs, Inc.	OC	11455 Paramount Boulevard	Downey	90241	(562) 622-3979	(562) 622-8075	7
Southern California Alcohol and Drug Programs, Inc.	RS	757 - 759 Loma Vista Drive	Long Beach	90813	(562) 435-4771	(562) 435-9290	8
Southern California Alcohol and Drug Programs, Inc.	RS	10511 Mills Avenue	Whittier	90604	(562) 944-7953	(562) 946-4413	7
Southern California Alcohol and Drug Programs, Inc.	RS	12322 Clearglen Avenue	Whittier	90604	(562) 947-3835	(562) 947-9895	7
Southern California Alcohol and Drug Programs, Inc.	RS	1755 Freeman Avenue	Long Beach	90804	(562) 986-5525	(562) 494-4268	8
Southern California Alcohol and Drug Programs, Inc.	RS	11401 Bloomfield Avenue, Suite 209 & 211	Norwalk	90650	(562) 864-7724	(562) 868-5374	7
Special Services for Groups	OC	532 South Vermont Avenue	Los Angeles	90020	(213) 738-3361	(213) 389-4512	4
Special Services for Groups	OC	5715 Broadway Street	Los Angeles	90037	(213) 621-2800	(213) 621-4119	6
SPIRITT Family Services, Inc.	OC	11046 East Valley Mall	El Monte	91731	(626) 442-4788	(626) 448-3425	3
SPIRITT Family Services, Inc.	OC	13135 Barton Road	Whittier	90670	(562) 903-7000	(562) 903-7707	7
SPIRITT Family Services, Inc.	OC	147 South 6th Avenue	La Puente	91746	(626) 968-0041	(626) 968-0091	3
SPIRITT Family Services, Inc.	OC	1393 Grand Avenue, Suite A	Glendora	91740	(626) 852-2314	(626) 857-1043	3
Stepping Stones Home	RS	17727 Cypress Street	Covina	91722	(626) 967-2677	(626) 858-4923	3

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Substance Abuse Foundation of Long Beach, Inc.	OC	3125 East 7th Street	Long Beach	90804	(562) 987-5722	(562) 987-4586	8
Substance Abuse Foundation of Long Beach, Inc.	OC	3131-3139 East 7th Street	Long Beach	90804	(562) 987-5722	(562) 987-4586	8
Substance Abuse Foundation of Long Beach, Inc.	RS	3125 East 7th Street	Long Beach	90804	(562) 987-5722	(562) 987-4586	8
Substance Abuse Foundation of Long Beach, Inc.	RS	727-729 Obispo Avenue	Long Beach	90804	(562) 987-5722	(562) 987-4586	8
Sunrise Community Counseling Center	OC	537 South Alvarado Street, 2nd Floor	Los Angeles	90057	(213) 207-2770	(213) 207-2773	4
Tarzana Treatment Center	DCH	44447 North 10th Street West	Lancaster	93534	(661) 726-2630	(661) 726-2635	1
Tarzana Treatment Center	DCH	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 654-3827	2
Tarzana Treatment Center	DCH	2101 Magnolia Avenue	Long Beach	90806	(562) 218-1868	(562) 591-0346	8
Tarzana Treatment Center	OC	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 345-3827	2
Tarzana Treatment Center	OC	18549 Roscoe Boulevard	Northridge	91234	(818) 654-3950	(818) 709-6435	2
Tarzana Treatment Center	OC	7101 Baird Avenue	Reseda	91335	(818) 342-5897	(818) 345-6256	2
Tarzana Treatment Center	OC	907 West Lancaster	Lancaster	93534	(661) 726-2630	(661) 726-2635	1
Tarzana Treatment Center	OC	2101 Magnolia Avenue	Long Beach	90806	(562) 218-1868	(562) 591-0346	8
Tarzana Treatment Center	OC	5190 Atlantic Avenue	Long Beach	90806	(800) 996-1051	(562) 984-5610	8
Tarzana Treatment Center	RDTX	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 654-3827	2
Tarzana Treatment Center	RS	44447 North 10th Street West	Lancaster	93534	(661) 726-2630	(661) 726-2635	1
Tarzana Treatment Center	RS	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 654-3827	2
Tarzana Treatment Center	RS	2101 Magnolia Avenue	Long Beach	90806	(562) 218-1868	(562) 591-0346	8
Total Family Support Clinic	OC	13741 Foothill Boulevard, Suite 230	Sylmar	91342	(818) 833-9789	(818) 833-9790	2
Twin Town Corporation	OC	6180 Laurel Canyon Boulevard, Suite 275	North Hollywood	91606	(818) 985-0560	(818) 985-7195	2
Twin Town Corporation	OC	2171 Torrance Boulevard	Torrance	90501	(310) 787-1335	(310) 787-1809	8
United American Indian Involvement, Inc.	OC	1125 West 6th Street	Los Angeles	90017	(213) 202-3970	(213) 975-9255	4
United States Veterans Initiative	RS	2120 Williams Street, Building 2 & 3	Long Beach	90810	(562) 388-8121	(562) 388-7991	8
URDC Human Services Corporation	DCH	1460 North Lake Avenue, Suite 107	Pasadena	91104	(626) 398-3796	(626) 398-3895	3
URDC Human Services Corporation	OC	1460 North Lake Avenue, Suite 107	Pasadena	91104	(626) 398-3796	(626) 398-3895	3
Van Ness Recovery House	RS	1919 North Beachwood Drive	Los Angeles	90068	(323) 463-4266	(323) 962-6721	4
Verdugo Mental Health Center	OC	1540 East Colorado Street	Glendale	91205	(818) 247-8180	(818) 247-6649	2
Volunteers of America of Los Angeles	RS	4969 Sunset Boulevard	Los Angeles	90027	(323) 660-8042	(323) 660-9265	4
Volunteers of America of Los Angeles	RS	515 East 6th Street, 9th Floor	Los Angeles	90021	(213) 627-8002	(213) 622-6831	4
Walden House	OC	145 West 22nd Street	Los Angeles	90007	(213) 741-3744	(213) 741-3784	6
Walden House	RS	1355 South Hill Street	Los Angeles	90015	(213) 763-6220	(213) 746-2507	4
Watts Health Foundation, Inc.	OC	8005 South Figueroa Street	Los Angeles	90003	(323) 778-5290	(323) 752-8031	6
Watts Health Foundation, Inc.	RS	8005 South Figueroa Street	Los Angeles	90003	(323) 778-5290	(323) 752-8031	6

Modality Legend

County of Los Angeles

Proposition 36 Treatment Agencies

As of 5/25/2005

Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
	Modality	Modality description					
DCH		Day Care Habilitative Services					
DCH (DD)		Day Care Habilitative Services (Dual Diagnosed Services)					
OC		Outpatient Counseling					
ONTMS		Outpatient Narcotic Treatment Maintenance Services					
ONTPDTX		Outpatient Narcotic Treatment Program Detoxification Services					
RDTX		Residential Medical Detoxification Services					
RS		Residential Services					